RX 301
A7
853 P

Medical Department

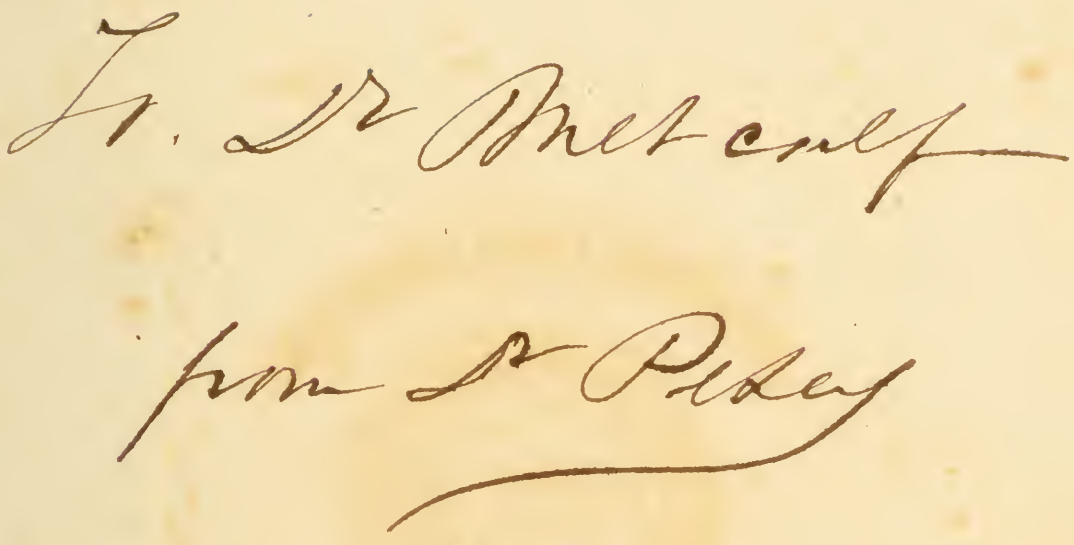
YALE COLLEGE LIBRARY

Presented by

Mrs. J. W. Metcalf

1873

TRANSFERRED TO
YALE MEDICAL LIBRARY



Digitized by the Internet Archive
in 2012 with funding from
Open Knowledge Commons and Yale University, Cushing/Whitney Medical Library

http://www.archive.org/details/treatiseonapople00pete

A

TREATISE ON APOPLEXY:

WITH AN APPENDIX

ON

SOFTENING OF THE BRAIN, AND PARALYSIS.

BASED ON

TH. J. RÜCKERT'S

CLINICAL EXPERIENCE IN HOMŒOPATHY.

BY JOHN C. PETERS, M.D.

NEW-YORK:
WILLIAM RADDE, No. 322 BROADWAY.
PHILADELPHIA: RADEMACHER & SHEEK.—BOSTON: OTIS CLAPP.—ST. LOUIS:
J. G. WESSELHOEFT.—LONDON: J. EPPS, 112 GREAT RUSSELL-ST.,
BLOOMSBURY; LONDON: BAILLIERE, 219 REGENT-STREET.
MANCHESTER: TURNER, 41 PICCADILLY.

1853.

Entered according to Act of Congress, in the year 1853, by
WILLIAM RADDE,
In the Clerk's Office of the District Court of the United States for the Southern District of New-York.

RX301
A7
853P

Polyglot Printing Office,
12 Frankfort-st., N. Y.

To the Memory

OF

H. B. GRAM, M. D.

ONE OF THE EARLIEST EUROPEAN CONVERTS TO, AND

THE PIONEER OF HOMŒOPATHY IN AMERICA.

BORN IN BOSTON, A. D., 1786,

Died of Apoplexy, Feb. 26, 1840, æt. 54.

"He had learning, both professional, scientific and literary, almost beyond a modern parallel; skill in his art only equalled by his scientific attainments; the soul of a sage, and the heart of a philanthropist. What would he not have accomplished, could his life have been spared in happiness to the venerable age reached by Hufeland, Blumenbach, or Hahnemann!!"—J. F. Gray, M.D.

AMERICAN EDITOR'S PREFACE.

The enterprise and liberality of my publisher has put it in my power to furnish a more or less complete Monograph upon Apoplexy, embracing nearly the same number of pages into which I once feared I should be obliged to compress all that I had to say, not only upon this disease, but upon several others, equally, if not still more important.

The literature of Homœopathy, thus far, has consisted mainly of periodicals, synopses and repertories of the Materia Medica, of a few more or less imperfect systematic treatises, of more numerous theoretical and controversial tracts, but especially of very numerous volumes on the Domestic Practice of Homœopathy. The dearth of elaborate articles, or Monographs, upon almost every disease, has long been severely felt and deeply regretted by homœopathic physicians, both experienced and inexperienced. One of the editors of the British Journal of Homœopathy (see vol. 8, p. 405) truly says: "What we should much prefer to any system of homœopathic practice, would be a series of papers—volumes, if you like—on diseases in which Homœopathy has been well tested at the sick-bed, and respecting which, accordingly, we are able to lay down those special practical rules, which are alone of value to the homœopathist."

I have had some little experience in the publication of Monographs, having already published articles upon Intermittent Fever, Dysentery, Rheumatism, Diseases of the Heart, Diseases of the Chest, Bright's Disease of the Kidneys, Ovarian Diseases, and Dropsy of the Brain; and propose, if time be given and health spared to me, to furnish a

series of Monographs, more complete than any heretofore published on the homœopathic treatment—first of the principal Diseases of the Head, then of other organs. These Monographs or Treatises will of course be similar in design and execution to the Treatise on Headaches, already published, and to the present Treatise on Apoplexy. These, when finished, will furnish a complete and practical General System of Homœopathic Practice.

I have entered upon the consideration of the formidable diseases treated of in this volume with a full sense of the responsibilities inseparable from the undertaking. In the presence of such terrible disorders, the true physician is necessarily elevated far above all the trifling considerations of prejudice, custom, partisan feeling, theory or system, and has but a single eye to the recovery, or comfort, of his afflicted patient; he should come fully prepared, by previous study and experience, to use the gentlest means that will suffice to accomplish these objects, or to put in force the most heroic measures which may be necessary to carry his patient through present emergency; while in all those, not very rare cases, which are necessarily and essentially fatal from the onset, he will quickly reject all Don Quixotic and enthusiastic attempts at cure, and limit his endeavors to the palliation of present suffering.

In the construction of this Treatise, I have followed the plan adopted by Rückert, less slavishly than I thought it indispensable to do in the "Treatise on Headaches." It was absolutely necessary for me to take some liberties, as Rückert's contribution to the practical homœopathic treatment of Apoplexy consists of but twenty-four cases, occupying only eighteen pages, while the present Treatise contains at least one hundred and seventy pages, illustrated by seventy-five cases. I do not, however, claim any particular credit for the additions which I have furnished; in all that appertains to the Pathological Anatomy of the diseases here treated of, I have largely quoted from the celebrated Rokitansky, of Vienna, and the almost equally celebrated Hasse, of Leipzig, the friendship and instruction of both of whom I was once fortunate enough to enjoy. The remarks on Pathological Chemistry have mainly been borrowed from the labors of the celebrated Simon, of Berlin, and the still more distinguished Lehmann, of Leipzig, whose personal instructions I once endeavored to profit by. In the general

remarks on Apoplexy, etc., the works of Watson, Solly, Burrowes, Copeman, and Rowland have been largely laid under contribution, and their own words have generally been merely transcribed.

The General Remarks, upon the pathogenetic and curative effects of the different medicines treated of, have mainly been borrowed from the publications of Christison, Attomyr, Vogt, Dierbach, Sobernheim, Noack and Trincks, and others. In the selections from these authors, I have simply used such experience and judgment as would necessarily follow from nearly fifteen years' study of Homœopathy, aided somewhat by the personal instruction of NOACK, of Leipzig, and FLEISCHMANN, of Vienna.

This labor of translation and compilation must be regarded as a necessary one, because many of the authors quoted are accessible to very few American physicians; at the same time I feel confident that more original matter and suggestions will be found in these pages, than in many books of greater pretensions to originality.

All additional articles and cases have been marked with an asterisk (*), to avoid the too frequent repetition of my name.

J. C. PETERS.

742 BROADWAY, NEW-YORK.

ON THE

NATURE AND CAUSES

OF

APOPLEXY.

Apoplexy has generally been regarded as so simple and decided in its nature and required treatment, that any self-sufficient and semi-ignorant physician who knows how to bleed and purge, has been thought competent to understand and manage it. But the truth is, as Copeland says: There are but few diseases which present a greater variety of modes of attack; or which arise from a greater number of affections both of the brain and its vessels, or of other and remote parts; or which differ so widely in the extent and severity of the injury done to the brain;—consequently there are but few diseases which require such precise and prompt, but varied, and comprehensive treatment. A glance at some of the names of the different admitted varieties of Apoplexy, will render this more evident than many words; we have:

(1.) Apoplexy from excess of blood in the whole system; the quantity of blood being absolutely greater than the organism requires for its proper nutrition and sustenance (plethoric apoplexy).

(2.) Apoplexy from retention, or rush of blood to the head, without rupture of any blood-vessel, or excess of blood in the system (congestive apoplexy).

(3.) Apoplexy from rupture of some blood-vessel, in, or about the brain, not necessarily caused by plethora or congestion, but frequently arising from brittleness, or other disease of the arteries of the brain (hæmorrhagic apoplexy).

(4.) Apoplexy from debility, or other nervous disorder of the brain, or nervous system, and not necessarily accompanied with any disease of the blood, or blood-vessels (NERVOUS APOPLEXY).

(5.) From an increased quantity of watery fluid poured out suddenly upon, or in the brain (SEROUS APOPLEXY).

(6.) From primary disease, or enlargement of the heart (CARDIAC APOPLEXY).

(7.) From disease, or disorder of the liver, and retention of bile in the system, which are notoriously apt to cause heaviness of the system, and drowsiness (BILIOUS, OR HEPATIC APOPLEXY).

(8.) From Bright's, or other disease of the kidneys (NEPHRITIC, OR ALBUMINOUS APOPLEXY).

(9.) FEBRILE, OR INFLAMMATORY APOPLEXY.

(10.) From debility, or loss of blood (ASTHENIC, ATONIC, OR ANÆMIC APOPLEXY).

(11.) From indigestion, repletion, or other disorder of the stomach (GASTRIC APOPLEXY).

(12.) From convulsions in general, and epilepsy in particular (CONVULSIVE, OR SPASMODIC APOPLEXY).

(13.) From the effects of pregnancy (PUERPERAL APOPLEXY).

(14.) From injuries, blows on the head, &c. (TRAUMATIC APOPLEXY).

Many other varieties, and very many combinations of these forms of Apoplexy might easily be given, and I believe that not only all those above mentioned, but others, also, will be exemplified by the cases to follow in the body of this work; but sufficient has been done to give a fair view of the many different causes which are capable of producing Apoplexy, and to justify at the outset a protest against a *routine* treatment of all apoplectic conditions.

It must be equally evident that all cases of Apoplexy are not equally dangerous and fatal; some, will recover with little or no treatment, mainly by the recuperative powers of nature; others, will prove fatal in spite of all remedial means, either gentle, or heroic. But by far the most dangerous and

frequent occurrence in Apoplexy, is the rupture of a blood-vessel in, or about the brain; and the result in recovery or death depends mainly upon the fact whether the artery which has given way be large or small, the quantity of blood which is poured in or upon the brain be great or trifling, and the laceration, contusion or compression of the brain be extensive or moderate. I repeat that the result in recovery, partial recovery, or death, does, or ought to depend, as much upon these circumstances, as upon the mode of treatment; although, it seems unfortunately, but too probable, that some of the milder cases are either allowed to progress into the severer forms by inefficient treatment, or else are treated so savagely and heroically as to be rendered fatal, when they would have terminated favorably with very gentle management.

Watson candidly informs us: that "after a formal attack of Apoplexy, the results of allopathic treatment will be very uncertain; a large effusion of blood in, or upon the brain will prove fatal; a smaller amount of extravasation cannot be removed at all promptly by ordinary medical means; and that the best which the unfortunate patient can expect in too many cases, will be a long-continued or permanent palsy, a weakening of the mental powers, and sometimes a state nearly approaching to idiocy."

On the other hand, Yeldham (see Homœopathy in Acute Diseases, p. 173) says: "It must not be supposed that Homœopathy, any more than Allopathy, pretends to cure every apoplectic patient; on the contrary, it is well known that there are many cases (as, for example, where, from the rupture of a vessel, a large quantity of blood is poured out, and presses on the brain) in which all medical treatment must, from a physical necessity, prove unavailing. In cases of this kind, the two systems, as far as relates to a *cure*, are on an equality." But while I admit this, I think it may be asserted positively that in the majority of these cases, the most prompt and heroic allopathic treatment does not, and cannot save life; and that the gentle, or so-called inefficient homœopathic treatment is not the cause of death.

But we are not obliged to deal in general assertions only: Copeman has collected 250 cases of Apoplexy treated allopathically, and many of them by the magnates of the profession, such as Morgagni, Portal, Abercrombie, Andral and others, and yet only sixty-eight recovered, seven escaped with their lives, and no less than 175 died. He says that this proves, not only, that the mortality from Apoplexy under old-school treatment is fearfully great, but that the proximate causes of the disease are either beyond the reach of medical art, or that the measures usually adopted in the dominant school are inapplicable, inefficient, or prejudicial.

In the New-York Hospital from 1847 to 1851, of thirty-five cases of Apoplexy, seventeen cases died, or about one-half; of seventeen cases reported by Dr. Huss, in the British and Foreign Medical Review (see Oct. No., 1846, p. 461), and treated allopathically, in 1842, eight cases proved fatal, or about one-half; in the preceding year, however, only four cases died out of fifteen, or about one-fourth.

On the other hand, we learn from the General Homœopathic Hospital Report, that of twenty-one cases of Apoplexy treated according to the views of Hahnemann, six died, or about one-third; four were not cured, or about one-fifth; and eleven recovered, or about one-half. These results are fully as favorable as those of the best, and much better than the general average of allopathic treatment; besides, in the following pages, upwards of sixty cases of recovery from Apoplexy under homœopathic treatment will be given. Still, the number which die under both modes of treatment, is certainly sufficiently great to render it but simply just, that each of the great contending parties should exercise great charity in judging of each other's practice. It seems equally true that in the present state of medical science, in at least one-fourth of all the cases of Apoplexy, every painful and cruel endeavor to save the patient's life should be instantly or quickly abandoned, and the physician's sole and earnest attention limited to soothing the fast-fleeting moments of the sufferer.

Premonitions of Apoplexy.

Copeland has given the best *resumé* of the premonitory symptoms of Apoplexy, especially of the plethoric and congestive varieties. He says that, "The most common precursory symptoms are: a tendency to sleep at unaccustomed periods, a heavier sleep than usual, particularly if accompanied with profound, laborious or stertorous breathing; gritting of the teeth; nightmare; sudden jerks or starts of the body, when on the point of falling asleep; lethargic feelings and drowsiness, even during the waking hours; pains in different parts of the head; or general headache, with a sense of weight or fulness in the head; and pulsation of the arteries, especially if there also be a turgid appearance of the veins of the head and forehead, with lividity or redness of the countenance; slight or imperfect attacks of bleeding from the nose; loss of recollection, or an unusual serenity, or apathy of the mind; a disposition to shed tears; more especially if there also be torpor and numbness, or pricking of the extremities; partial or slight paralytic affections, marked by distortion of the mouth, drooping of the eyelids, imperfect utterance, or unsteady, or tremulous gait, and tripping on ascending, or descending stairs.

According to Day, these premonitory symptoms require the utmost care, and caution on the part of the physician—for there are various and perfectly distinct conditions which may give rise to apparently similar head-symptoms; excess of blood and deficiency of blood; general debility; and an impure condition of the blood, from poor digestion, or imperfect action of the skin, liver, kidneys, or bowels, may all give rise to very similar symptoms. Anæmia, or deficiency of blood, may very easily be mistaken for hyperæmia, or excess of blood, and simple irritation of the brain may be mistaken for inflammation.

Headache, vertigo, or dizziness, singing in the ears, and throbbing of the arteries of the head may arise from either of the opposite states of excess, or deficiency of blood in the head. But, if excess of blood be present, the patient generally presents the appearance of rude health, is stout, short-necked,

and even bull-necked; his face is flushed, he has headache, a tendency to doze, and dizziness which is increased by stooping, or looking upwards; nausea also is a common symptom of pressure on the brain.

When there is anæmia, or deficiency of blood in the whole system, and also in the brain, we usually observe the face to be pale, the heart's action quick and tumultuous, a tendency to faintness and dizziness, which are most felt on suddenly assuming the upright position. Still, the presence of headache, the feeling as if an iron band were around the forehead, with noises in the ears, throbbing in the head and neck, will be very apt to mislead the old-school physician, especially as it unfortunately happens that bleeding will give temporary relief. Aconite, and other depressing agents must be used most cautiously by the homœopathist, who fortunately has a strong prejudice in favor of the use of *China* in such states.

Again, aged persons are liable to a peculiar form of head-affection, depending for the most part on passive congestion, arising from want of tone in the vascular system. The compound infusion of horse-radish is much recommended in the old practice—*Carb. veg.*, in the new.

There is also a state of brain common in advanced life, characterised by alteration or diminution of the nervous energy, arising from general debility, over-exertion of the intellectual faculties, or long-continued anxiety, and distress of mind. Bleeding would most probably induce incurable paralysis, while Anacardium, Baryta, or other homœopathic remedies, may cause great relief.

A few more remarks may be made here, on other of the premonitory symptoms of Apoplexy. A flushed face, tendency to sleep, dizziness, nausea and headache, have already been alluded to; but sometimes unusual wakefulness points to an irritation of the brain, which may bring on Apoplexy, unless allayed by sedative treatment; a general incapacity for exertion, and an indescribable sensation of weight in the limbs may arise from fulness of blood about the head and spine, from a sluggish circulation, or from great debility; torpor,

numbness, or a sense of creeping, crawling or formication, loss or perversion of feeling, so that everything touched feels like velvet, or felt, or itching in the limbs may arise from fulness or sluggishness of the blood, from a purely nervous affection, or from softening of the brain; slight paralytic affections, such as drooping of an eyelid, or distortion of the features, may arise from congestion of the brain, or slight apoplectic effusion, or from debility of the nerves of the part; double vision, difficulty of writing in a straight line, or of reading, the presence of motes or corruscations before the eyes, noises in the ears, or dulness of hearing, may be caused by excess or deficiency of blood in the head, by great debility of the nerves of the eyes or ears, or by indigestion; the substitution of one word for another, difficulty in pronouncing certain words, a sudden loss of memory, may all arise from weakness of the brain, a deficient flow of blood to it, or from the pressure of an excessive quantity of blood.

If the physician can constantly keep these distinctions and differences in his mind, he will rarely go wrong in his treatment; unless he be so slavishly wedded to system, that he will not follow the dictates of his own, and others' reason, and experience. But it unfortunately happens that in very many cases *no* premonitory symptoms precede an attack of Apoplexy. Rochoux even goes so far as to declare that in 69 cases in which he collected the histories, only 11 presented precursory symptoms; in such cases a fit of Apoplexy will, of course, set in without any warning, and the physician must treat the attack as best he may.

Prevention of Apoplexy.

The principal point generally dwelt on, is: to prevent too great fulness of blood in the head. This may arise either from too great a quantity thrown to it, by excessive action of the heart and arteries (Aconite); or, too great retention of blood in the brain and head, from retarded circulation (Conium, Carbo); or from diminished nervous energy (Nux, Plumbum).

Hartmann says that in most cases we are undoubtedly

called upon to treat, or prevent nervous Apoplexy, because passive congestive-Apoplexy generally depends on nervous debility; and active congestive-Apoplexy upon nervous irritation of the brain, exciting increased flow of blood to it; or upon excitement of the sympathetic nerve, which presides over the circulation (Veratrum, Nux, Coffea). If there be a rupture of a small blood-vessel, Arnica, Veratrum, Millefolium, or Kreosote deserve attention.

We can prevent too much blood being made, by great care in diet and regimen. Watson gives the case of Dr. Adam Ferguson, of Edinburgh, who was a man of full habit, at one time corpulent and very ruddy, and, though by no means intemperate, lived fully. He had premonitions of Apoplexy, to which he paid no attention, and finally, in his 60th year, had a decided attack of Apoplexy, with paralysis. He recovered, and then became a strict Pythagorean in his diet, eating nothing but vegetables, and drinking only water and milk. He got rid of every paralytic symptom, became even robust and muscular, and died in full possession of his faculties, at the advanced age of 93; full thirty years after his first attack. Long after his 80th year his firm step, and ruddy cheek, contrasted agreeably and unexpectedly with his silver locks.

This course of diet is necessarily only suited against *true plethora*, or that state of the system in which an absolutely greater quantity of blood is made than the organism requires for its sustenance.

On the other hand, those who are pale and delicate, have lost much blood, or are reduced by chronic cough with profuse expectoration, by severe dyspepsia, or long-continued diarrhœa, or diabetes, or profuse flow of menses, or piles, &c., may require tonic diet, meat, even wine, China, Ferrum, &c. Still, if there be disease or brittleness of the blood-vessels—which may often be detected by the presence of a peculiar fulness or hardness of the pulse at the wrist—we should be very careful of stimulants.

Anything which is calculated to hurry the circulation

and increase the force of the heart's action, such as strong bodily exercise, anger, violent passion, loud and earnest talking, brisk or hurried walking, galloping on a hard horse, should be avoided; holding the breath, especially when some muscular effort is made, such as tugging at a tight boot, holding a high note in singing, in a violent paroxysm of coughing, or in straining at stool, are particularly dangerous; in all these acts blood is thrown violently to the head, the face may turn purple, the patient become giddy, the eyes bloodshot, and a fit of Apoplexy come on. Violent vomiting, sneezing, laughing, crying, singing, shouting, all have a somewhat similar effect. In short, a person liable to Apoplexy is obliged to exert such control over body and mind, that SOLLY categorically asserts, he must be content to live like a cabbage, to vegetate, merely exist, and barely live. Far better would it be for them to live like Dr. Adam Ferguson, already alluded to, whose mixture of original thinking with high moral feeling and extensive learning, his love of country, contempt of luxury, and especially the strong subjection of his passions and feelings to the dominion of his reason, made him, perhaps, the most striking example of the stoic philosopher which could be seen in modern days.—(WATSON.)

Dr. Fothergill thought it very unsafe for short-necked people to look backwards for any length of time, without turning the rest of the body, thus twisting the neck. He gives the case of a man seized with Apoplexy, while crossing a river in an open boat, keeping his eyes fixed upon a particular ship, until long after he had rowed past her.

Tight cravats are also injurious. A Swedish officer who was desirous that his men should look well in the face, caused them to wear tight stocks; in a short time quite a number of his regiment died of Apoplexy. The case of a boy is also given who had drawn his neckcloth remarkably tight, and was seized with Apoplexy, while exerting himself whipping a top.

Cold, is another frequent exciting cause of Apoplexy; it drives the blood from the surface, and accumulates it in the

large vessels of the interior of the body. I have known several elderly persons, with a marked tendency to congestion of the head, attacked while dressing or undressing in a cold room, loitering about with their shoes and stockings off, and remaining partially, or very nearly undressed for a long time.

On the other hand, expansion of the blood may be caused by hot and stimulating food and drinks, large fires, crowded rooms, excessive heat of the sun, hot baths, &c. The whole mass of the blood becomes expanded, and cooling and refrigerating means are required.

This last state of the blood has been greatly overlooked by almost all writers on affections of the brain, although it was well known to the ancients. According to them, the so-called *Plethora ad volumen* depends upon an apparent quantitative increase of the blood from expansion, or increase of its volume, without actual increase of quantity. It was supposed to arise from vital turgor, nervous orgasm, or simple expansion of the blood from excessive heat. The best marked examples occur in sun-struck persons. Solly's friend, Dr. Samuel Rogers, gives a most graphic description of this form of Apoplexy, as caused by great exposure to the heat of the sun. He says: "About 8 o'clock, a most melancholy scene commenced among the troops; men were seen to drop down and instantly expire; every hour added to our melancholy situation, for notwithstanding the utmost exertions of the physicians, the day ended with no less a loss than 18, and left us with 63 sick in the hospital. When warning of the attack was given to the patients, they usually complained of difficult breathing, with a sense of tightness and oppression about the chest, followed by giddiness, burning heat of the eyes, and a sense of great fulness about the head, in many amounting to excruciating pain, succeeded by loss of sense and motion, faltering of the tongue on attempting to speak, fulness of the eyes, dilated and fixed pupils, violent twitching of the muscles of the face, particularly those about the mouth, subsultus tendinum, and involuntary stools. Along with these symptoms the patient also had a strong, full, and frequent pulse, tremendous throbbing of the carotid and temporal arteries,

flushed, swollen, and sometimes livid countenance, and throughout, a parched and burning skin."

Rogers says that "the violence, suddenness and urgency of the symptoms seemed to require immediate and profuse depletion; blood was accordingly abstracted from every assailable point, viz., the arm, jugular vein, and temporal artery; cold was applied to the head, and the feet were immersed in hot water; blisters were applied to the head, neck and legs; brisk purgatives were administered, and their operation assisted by purgative injections. In some cases, fifty, sixty, or even one hundred ounces of blood were taken, but the remedy was sometimes worse than the malady; in fact, two individuals became convulsed, and died shortly after they were bled, and after death it was found that although the heart was empty, the vessels of the head were loaded with blood. This clearly indicated that, whatever it was, that excited the heart's inordinate action, bloodletting would not subdue it, for as long as a drop of blood remained, it was sent to the head. How lucky it was for us (Dr. S. Rogers), and truly so for our patients, that a most effectual remedy was found in the *cold affusion.* Just as one man had expired, as one might say, almost under the lancet, another was brought into the hospital; he was put into a bathing tub, and a constant stream of cold water poured on his head until he was relieved."—(Solly *on the Brain*, p. 392.)

Treatment of the Premonitions of Apoplexy.

I trust it has been made evident, that there is no more delicate, or momentous question in the practice of medicine, than that of the prevention, or primary treatment of attacks of Apoplexy; because, as we have seen, these seizures may arise from such different, or even opposite causes, that the very course of treatment, and regimen which is most conducive to safety in one case, has an opposite tendency in others.

If the patient be decidedly and undoubtedly plethoric, or full-blooded, a moderate bleeding may be allowed, if the symptoms be urgent, in order to reduce the whole quantity

of blood to the healthy standard. This may avert danger, and certainly will not interfere with the action of the most delicate homœopathic remedies; but if the symptoms be not urgent, the excess of blood may be more slowly reduced by dietetic, and medical means. In deciding on the propriety of blood-letting, it is very important to be certain whether *true plethora* be present, or an absolutely greater quantity of blood than the organism requires for its sustenance, or can readily control the circulation of. If true plethora, or exceedingly active and dangerous congestion be *not* present, the physician should discard the *lancet;* but there can be no earthly objection to bathing the feet in simple hot water, or in hot pepper-, or mustard-water; the head and shoulders should be raised, the clothes all loosened, and cold applications made to the head. If the bowels be obstinately costive, or even moderately sluggish, some mild but efficient purgative, such as castor oil, may be given at once; or if the attack arise from the suppression of piles, or menses, Aloes should be preferred as a purgative. Aloes may also be given when there is bilious derangement, although as HARTMANN says, that Mercurius solubilis corresponds to every variety of Apoplexy, it may be allowable to give this in sufficient quantities to act on the liver and bowels, in appropriate cases. I say appropriate cases, because there are others, which are characterised by pallor of the patient, an inclination to dizziness with faintishness, palpitation, nervous tremors and timidity, in which all the symptoms are increased when the stomach is empty, or the bowels are freely moved, or from looking upwards, or resuming the upright position after stooping, or rising from bed, and in which all the above treatment would be injurious.

Aconite is regarded as the principal remedy when there is great heat and feverishness of the head and body (see article on Aconite); Bellad. or Stramonium, when there is great and active congestion to the head, with excessive restlessness, and more or less delirium; Opium, when there is a more passive- and venous-congestion, with much drowsiness, great constipation and some stupor; Cocculus, when nausea and giddiness constitute the prominent symptoms;

China, when there is beating in the head, with palpitation of the heart, dimness of sight, buzzing in the ears, heavy breathing, &c. Hartmann says that when the excessive use of coffee or wine causes an assemblage of symptoms much resembling those of Apoplexy, viz: fulness of blood about the head, bursting pain with commotion of the blood and throbbing of the arteries, constant uneasiness and heaviness of the limbs, languor and lassitude even from the least exertion, redness of the vessels of the eye, with sudden and frequently recurring paroxysms of loss of sight or darkness before the eyes with dizziness, obliging the patient to lie down, noises in the ears, &c., then Nux will remove many of the symptoms, especially if constipation also be present, but Belladonna may be required, and also to be assisted by several doses of Mercurius. Coffea has also been recommended, if the attack be of a nervous character, occurring in delicate and nervous persons, from great mental excitement, or from indigestion after a hearty meal, especially when the patient is excessively nervous, sad, sleepless from excessive bodily and mental excitement, with frequent flushes of heat to the face, dizziness, heaviness of the head, anxious restlessness of the whole body, sensitiveness of hearing, &c. Arnica has also been strongly recommended when symptoms of congestion to the head appear after a full or improper meal, especially if the head be hot, and the hands and feet cold. When spasmodic symptoms are prominent, Nux and Ignatia are the most homœopathic remedies. If suppression of perspiration has brought on the attack, Aconite and Opium should be thought of; if the urine be scanty, Cantharides and Digitalis; if the menses be scanty or suppressed, Pulsatilla and Stramonium, or Conium; while Ipecac. has been highly recommended in *Gastric* Apoplexy when the patient is restless, starts frequently, is irritable and inclined to vomit. Veratrum is particularly indicated, when the patient is pale, cold, and faint. The treatment of fully developed attacks of Apoplexy will be given minutely, when treating more especially of the different varieties of the disease.

TRUE, OR TYPICAL APOPLEXY,

With preceding plethora and congestion, followed by hemorrhage and paralysis.

The model type of Apoplexy occurs in persons with a robust body, ruddy complexion, who are hearty and stout by nature or good living, have too much blood in the whole system, and proportionately still more in the brain, or head. This is by far *not* the most frequent form of Apoplexy, although it has fixed the ideas of world about the nature and treatment of the disease.

Symptoms.—Such a plethoric, juicy and heavy man, apparently in good health, suddenly falls down deprived of all his senses, wholly unconscious of surrounding objects, his countenance livid, the vessels of the face and head turgid with blood, his breathing snoring or stertorous, his pulse full, slow, and intermitting, his limbs powerless. In the most violent cases, all the limbs are paralysed, but generally, the paralysis is confined to one-half of the body, in the form of hemiplegia; sometimes only a single limb is affected, and in this case the arm is much more frequently paralysed than the leg. The paralysis may be confined to the face, tongue, eyes, their lids, or other parts (see Hemorrhagic Apoplexy). From this state the patient may never rally, even under the most active allopathic, anti-phlogistic, and revulsive treatment; he often sinks without any change for the better in his symptoms, and dies in the course of forty-eight hours. This, Solly truly says, is an awful disease to suffer from, to witness, or to administer to; but death soon closes the scene, and the brain when examined after death, is found to have been more or less torn and destroyed by large masses, and clots of blood extravasated into and upon the brain. The case is *typical* because the extravasation of blood is so copious and severe that all the effects of extravasation are produced; all the centres of nervous power within the skull are either crushed, torn or compressed; or ploughed up by, and intimately mixed and intermingled with gore; while the neighborhood of large and rather large clots is

converted into a more or less suffused, red, soft, and very moist, papescent mass consisting of comminuted and crushed brain-substance (Solly). Hence, the destruction of the brain is often so extensive that the patient cannot live by any possibility, except as a mere wreck of his former self; a burthen and a loathing to himself, an object of pity and the tenderest cares, perhaps, to his nearest and dearest relatives.

Typical Apoplexy is both *congestive*, i. e., an increased quantity of blood is thrown to, or retained in, or about the brain; and *hæmorrhagic*, i. e., more or less of blood has burst the bounds of its blood-vessels and been poured out, in or upon the brain. Too much blood was present in the system before the attack; too much blood has, perhaps, frequently flowed to the brain, but subsided without dangerous consequences; the blood-vessels of the brain have, doubtless, been frequently distended with blood before, but now the brain remains intensely crowded with blood, and one or more blood-vessels have given way, and are pouring out blood copiously upon the brain. The indication is, of course, to reduce as rapidly as possible the whole amount of blood in the system, at least to the natural standard, and especially to relieve the brain from its excess of blood, and stop the bleeding into, or upon its substance.

Plethora.

The principal points in typical Apoplexy, are: general plethora, or blood-fulness of the body, attended with great congestion to the head. Hence we propose to examine the subject of plethora more fully in this place. Watson says: in the adult state when the growth of the body has been completed, that blood may be made in greater abundance and more rich in the materials of nutrition than the wants of the body require, is not only conceivable, but true; full living and sedentary habits are causes likely to occasion general plethora, and they do occasion it; full diet, so long as the digestive powers are perfect, provides more chyle and conducts into the blood a larger quantity of its pabulum; a sedentary life

precludes that freer circulation of the blood, and that more liberal expenditure of it through the skin, and by means of the other organs of secretion, which would occur under more active habits. Such persons are apt to become fat, the adipose tissue seeming to form a kind of safety-valve for the diversion of the superfluous blood; the muscular and fibrous tissues, however, suffer in their nutrition, because the imperfect respiration of heavy and sluggish persons does not form fibrin in sufficient quantity for their full development. Such persons naturally have turgid and florid cheeks, red lips, red mucous membranes, and not uncommonly ferretty eyes; their entire vascular system is preternaturally distended, and if you open a vein, you find that they bear a large abstraction of blood without fainting, and are even refreshed by it; while the blood drawn separates into a large, but not very firm mass of coagulum, with but little seren (WATSON).

The blood of the plethoric is also deficient in fibrin, and hence, decidedly inclined to hemorrhage. According to ANDRAL, in plethora and congestion of the brain, the fibrin of the blood is apt to *diminish* from $\frac{3}{1000}$ to $\frac{2}{1000}$; the quantity of blood globules to *increase* from $\frac{127}{1000}$ to $\frac{152}{1000}$; the solids of the serum to *increase* from $\frac{80}{1000}$ to $\frac{105}{1000}$, and the quantity of water or serum to *diminish* from $\frac{900}{1000}$ to $\frac{740}{1000}$. Hence the blood will be thicker, more sluggish in its action and less inclined to form a clot or coagulate, and even is disposed to exude from its vessels in the form of hemorrhage. The effect of this kind of blood upon the brain and other organs, is admirably described by BECQUEREL and RODIER; they say, that in true plethora or full-bloodedness, not only is the whole mass of the blood increased, but sudden accumulations of it in internal parts, frequently in the brain, are apt to occur, disturbing its functions, causing fits of insensibility, and sometimes even death itself. It is only too true, when blood already exists in too great abundance throughout the body, that it is apt to fall in excess upon any debilitated, or irritated organ. Above, we have referred almost exclusively to *true plethora* (PLETHORA ERA), or that state in

which a greater quantity of blood is present than the organism requires for its healthy nutrition and sustenance. True plethora is necessarily universal, (plethora universalis) as contradistinguished from local or partial plethoras, (*plethora partialis*); it may also be not only venous, but also arterial in its character (*plethora venosa et arteriosa*); and of course, is widely distinguished from dyscratic-plethora, such as occurs in albuminuria, hydræmia, and other affections (*plethora cacochyma*). The principal causes of true plethora are: 1st, excessive production of blood, especially when associated with diminished consumption of it; this is particularly apt to be the case in true plethora, in which we have seen that the blood is deficient in fibrin, hence is less plastic, less inclined to assume a coagulable or solid form, consequently more disposed to remain as blood, rather than to be converted into any organized product. Arterial congestion and plethora are closely allied to the above state of things; the conveyed arterial blood is changed too slowly into venous, in consequence either of diminished nutrition of the tissues, or other causes, and consequently the arterial blood is only slowly and imperfectly driven from such parts.

Another form of plethora is the so-called *plethora ad vires*, in which the quantity of blood in the system, is relatively too great for its powers; this is apt to occur from nervous or mental exhaustion, long continued or extravagant grief, or anxiety, sudden fright, depressing mental emotions, &c. Of course the principal indication is not to remove blood, but to arouse and invigorate the nervous system.

The so-called *plethora ad volumen* has already been alluded to; but the fact that the blood in a dead body occupies only one-tenth part of the space which it occupies in the living one, may here be referred to in proof of the close connection which the volume of blood has with its life, or with its amount of orgasm, or vital turgor. The opposite of this state, or *collapse of the blood*, may be produced by depressing agents such as Digitalis, Prussic acid, Tobacco, deficient nervous energy, &c.; the pulse is then apt to be small, soft and frequent; the surface

pale and cold, sensation and motion either deficient or extinct. In plethora ad volumen the pulse is apt to be full, large, slow, heavy and oppressed.

One other form may be mentioned, viz.: the *plethora ad spatium*, such as is apt to occur from diminution of the calibre of the blood-vessels, or after the loss of large and important limbs. (Stark.)

Although plethora is only one element of true or *typical* Apoplexy, particular attention has been paid to it here because the other elements, viz.: congestion, hæmorrhage, and paralysis will be treated of more fully under the heads of *Congestive*, *Hæmorrhagic*, *and Paralytic Apoplexy.*

Treatment of Typical Apoplexy. *Ferrum* is the most important homœopathic remedy against true plethora and Apoplexy. It is well known to increase the quantity of blood globules; but it is not so well known to diminish the quantity of fibrin in the blood. Simon found the fibrin to diminish from the normal standard of $\frac{3}{1\,0\,0\,0}$ as low as $\frac{1\cdot3}{1\,0\,0\,0}$, after the use of sixty-four grains of iron in the course of seven weeks; Andral and Gavarret found it to lessen the quantity of fibrin in one case from the normal standard, to $\frac{2\cdot5}{1\,0\,0\,0}$, in the course of four weeks; in another case from $\frac{3\cdot5}{1\,0\,0\,0}$, or an excess above the normal mean, to $\frac{3}{1\,0\,0\,0}$, or the natural standard. Ferrum is also well known to diminish the quantity of water in the blood. Hence as far as the pathology of the disease is a guide, it is *a*, or even *the*, most homœopathic remedy to true arterial congestive plethora; while *Opium* is perhaps the most homœopathic remedy to true venous congestive plethora; in the former disease, the face of the patient is red and flushed, in the latter it is purplish, or livid.

Symptomatic indications for Ferrum. Active, sthenic congestion and hæmorrhage, with great vascular irritation. Rush of blood to the head, puffiness around the eyes, swelling of the veins and paralytic weakness. Headache from rush of blood to the head. Vertigo with disposition to fall forwards; staggering in walking; momentary shock in the brain, with giddiness; dizziness, dulness and confusion of the head;

hammering and throbbing headache, lasting for two, three or four days, and recurring every two or three weeks; drawing headache from the nape of the neck into the brain, with sense of hammering, and roaring in the head; undulating pain in the head; headache as if the brain were rent asunder; rush of blood to the head, with swelling of the veins and flushes of heat. Faint feeling in walking, with blackness before the eyes, roaring in the ears and head at every step, and sensation as if threatened with Apoplexy. Violent burning and pain in the head, with thirst. All the vessels of the brain turgid with blood, and six ounces of blood extravasated into the cerebellum (NOACK and TRINKS). Pain in the eyes, as if from excessive drowsiness. Darkness before the eyes, in the evening, with aching pain, and discharge of a few drops of blood from the nose. Heat and anxiety after meals, with drowsiness, gloominess and headache over the root of the nose. Dulness of, and pain in the head, violent eructations, and heat in the face. Tremor of the hands, cramps in the fingers, with numbness and insensibility. Numbness of the thigh, feeling as if the thighs had gone to sleep. Coldness of the feet, and such weakness that he is scarcely able to drag them along. Constant weariness and drowsiness in the day time; heavy sleep in the morning. Orgasm of blood in the day time, with heat in the hands, heat of the body and redness of the cheeks (NOACK and TRINKS).

It will be unnecessary to multiply remedies here for this form of Apoplexy; in due time and place all the others will be treated of.

SIMPLE, OR CONGESTIVE APOPLEXY,

With or without plethora, but with rush of blood to the head, and without the frequent occurrence of hæmorrhage or permanent paralysis.

The *symptoms* in this form greatly resemble those of true or typical Apoplexy, except that paralysis, or hemiplegia is generally wanting—it is often wanting entirely, or present only transiently when simple congestion is present, but it is

thought to be very seldom absent when there is hæmorrhage. The patient falls down suddenly deprived of sense and motion, and lies like a person in a deep sleep; his face is generally flushed, or more frequently livid or purple, his breathing stertorous, his pulse full and not frequent, generally slower than the natural standard; sometimes slight convulsions of the limbs, or contractions of the muscles of one side of the body, and relaxation of those of the other are present. Of course, if the congestion be sufficiently great to cause unconsciousness, or paralyze parts of the brain, it may also cause greater paralysis of some parts or limbs, than of others;—still, as has already been said, paralysis is not commonly present. The patient may continue in a state of profound stupor for several days, or he may recover after some hours, especially if judiciously treated; a perfect recovery, however, rarely takes place after the attack has lasted over one or two days, although it does in some cases of several days duration.

In a larger proportion of this class of apoplectic cases, excessive injection of the vessels of the pia mater, and engorgement of the whole vascular system of the brain are the chief lesions. Under allopathic treatment the cases consisting of congestion solely, almost always recover; the patient may, indeed, survive numerous attacks of this form of Apoplexy, but there is always danger that a congestive stroke may be followed by one of a hæmorrhagic character; and even when this danger is escaped, the disease is apt to leave traces behind it, of an enfeebled condition of the memory and intellect; and it sometimes happens that a patient has numerous attacks, which reduce him at length to a state of mental imbecility, little short of idiocy. (Wood.)

It is sometimes possible to make a distinction between Apoplexy from *active* congestion of the brain, and that from *passive;* in the former, there is often a full, strong, but sometimes slow pulse, with a red flushing of the face; in the latter the pulse is apt to be comparatively weak, or else natural, and the face has a livid hue. The symptoms of active congestion have already been sufficiently detailed among the precursory

symptoms of Apoplexy; those of passive congestion are said to be a feeling of fulness, weight, and sometimes of *coldness* in the head; an actual diminution of temperature in this part is particularly apt to occur when the arterial blood conveyed to the brain is very slowly changed into venous blood. There is also apt to be a strong tendency to drowsiness and stupor, dizziness, faintness, impaired vision, motes before the eyes, forgetfulness of words or things, dulness of countenance, a livid or purplish hue of the lips and face, with paleness, and depression of the pulse, and breathing.

Congestive Apoplexy does not necessarily take place only from excess of blood in the whole system. Watson says, even a deficiency in the whole mass of blood contained in, and circulating through the body does not protect many *parts* of the system from congestion, i. e., from having an undue share of blood sent to them. Far from it; local determinations of blood, especially to the head, *are very common* in persons in whom the mass of that fluid, and the proportion of its nutritive elements have been considerably diminished by nature, disease, or loss of blood. (Anæmic Apoplexy.)

This remarkable tendency to an unequal distribution of the blood may thus be explained—a due supply of healthy blood is requisite for the steady and equable performance of the functions of the brain and nerves—when this supply is defective or uncertain, those functions become disorderly, irregular, and the flow of blood to the organs also becomes disordered and irregular. The circulation of the blood is more or less under control of the nervous system, as is seen in the flush of shame and anger, and the paleness of fear; hence persons endowed with great sensibility and irritability of the nervous system are very liable to partial, or irregular congestions.

Rokitansky takes somewhat different views of congestive Apoplexy from those ordinarily adopted. He says, it is a question of much importance, whether the frequent cases of sudden or unexpected death, in old-school practice, in previously healthy persons, in which the only, or the principal post-mortem appearance is a certain amount of congestion of

the brain, are solely produced by this congestion, and are to be regarded as cases of paralysis of the brain from pressure, by the excess of blood?

(*a.*) He answers, that in a certain small number of cases, this congestion of the brain is the only morbid appearance in the body, and has reached a degree, which in the present state of our knowledge justifies the conclusion that the brain has been pressed upon, and paralyzed by it.

(*b.*) If, in a greater number of cases, moderate congestion of the brain is found associated with *congestion of the lungs*, it is scarcely possible to say which of these conditions was the primary, and which the secondary, or whether they did not arise simultaneously from the same source and cause, and which of them actually produced death. But as it is quite as common for congestion of the lungs to be the only morbid appearances in cases of sudden death, and as it is decidedly the more marked appearance in many cases in which congestion of the brain is also present, we may often conclude that the congestion of the brain is of secondary importance.

(*c.*) Besides cases of these two kinds, there is still a number of others, in which all that is discovered upon examining the body of persons dead under allopathic treatment, is so slight a congestion of the brain, that it would not be thought of, if any other morbid appearance presented itself. Such cases prove fatal only when there is a peculiar tendency of the brain to exhaustion, or paralysis. (Nervous Apoplexy.)

Dr. Neisser, of Berlin, has lately described a severe form of congestion of the brain, connected with dilatation of its arteries; he has termed it *Ectasis vasorum cerebri;* thinks it is most common in young persons of a plethoric habit, short neck, thick head, and stunted growth; that the disease most frequently attacks the basilar artery and its branches, which become simply and equally dilated along their whole length, and not in aneurismal pouches; the blood consequently moves more slowly along them.

Symptoms.—The patient is readily heated, complains of overflow of blood, and these symptoms recur continually in

spite of the most energetic and methodical allopathic treatment. Finally the patient complains of vertigo, and a peculiar heaviness and dulness of the feet; he has neither pain, nor tingling, but walks with a tottering, uncertain step, staggering first to one side, then to the other, as if intoxicated; he often becomes so dizzy as to fall, especially towards evening, and in the dark; all the symptoms are aggravated at night, and remit in the morning; there are partial sweats on the head and face, and in some cases partial blindness. Dr. Neisser found the most energetic antiphlogistic and revulsive treatment to be entirely inefficacious. Death, finally, generally occurred suddenly.

Treatment of Congestive Apoplexy. Opium is perhaps the most important homœopathic remedy; at least Wood and Bache say, that it in full doses reduces the frequency though not the force of the pulse, diminishes muscular power, and brings on languor and drowsiness which soon eventuate in a deep apoplectic sleep; the breathing is stertorous, there is a dark suffusion of the countenance, a full, slow and laboring pulse, an almost total insensibility to external impressions, and when a moment of consciousness has been obtained, a confused state of the intellect, and an irresistible disposition to sink back into comatose sleep are present. The pulse, though slow, is often full and powerful in its beat. But in the space of a few, say six or eight hours, a condition of genuine debility ensues; the patient will have a cool and clammy skin, cool extremities, a pallid countenance, a feeble, thread-like, scarcely perceptible pulse, a slow, interrupted, almost gasping respiration, and a torpor little short of absolute death-like insensibility.

It will be seen that Opium is homœopathic to some of the most formidable apoplectic conditions; even allopathic physicians need not, and do not fear to use it in some of the nervous and asthenic forms of the disorder, as it in moderate doses increases the force, fulness and frequency of the pulse, augments the temperature of the skin, invigorates the muscular system, quickens the senses, animates the spirits and gives new energy

to the intellectual faculties, all followed by calmness, delightful placidity of mind, with quiet, but vague enjoyment.

It will be unnecessary to enter here into the minutiæ of the indications for the use of Opium in Apoplexy; but it may be well to notice some of the broader and more striking peculiarities. According to Christison it is most homœopathic to congestive Apoplexy, or rather to turgescence of the vessels of the brain, and watery effusion into the ventricles, and on the surface of the brain. It is very rarely homœopathic to hæmorrhagic Apoplexy, at least Christison says that extravasation of blood is a very rare effect of Opium; but he gives one case in which several clots of blood were found in the substance of the brain, one of which in the anterior lobe, was an inch long; in a second case, the sinuses and veins of the brain were turgid, and a moderately thick layer of blood was effused over the arachnoid membrane; Noack and Trinks report Ryl's case in which the veins of the neck were turgid with decomposed black blood, the sinuses of the head and all the cerebral vessels were distended with blood, while the ventricles of the brain contained a teaspoonful of a bright-red fluid; also Colin's case in which extravasated blood was found in the brain, and the cerebral vessels were very much distended; Leroux found in one case, about a teaspoonful of bright-red blood at the base of the brain, and the choroid vessels very much distended; Jourd found several clots of coagulated blood in the substance of the brain; in a child the sinuses of the dura mater were filled with dark coagulæ, and there was slight extravasation of blood on the surface of the posterior lobes, while all the internal vessels of the brain were turgid with blood, and there was effusion of serum at the base of the brain, and in the ventricles. Still it must be remembered that these cases, although they seem numerous, are in reality exceptional.

Opium is also homœopathic to the congestion of the lungs which so frequently attends congestive Apoplexy according to Rokitansky. Christison says that the lungs are sometimes found gorged with blood, as in many cases of Apoplexy; four

cases are alluded to, in one of which they were so gorged with fluid blood that it ran out in a stream when they were cut.

It is also decidedly homœopathic to venous-plethora, and plethora ad volumen.

HÆMORRHAGIC APOPLEXY,

With or without previous congestion, or plethora, but followed by paralysis.

The type of this variety is the form so graphically described by ABERCROMBIE, and called the *gradually increasing*, or *Ingravescent Apoplexy*, by COPELAND. It depends upon the sudden rupture of a blood-vessel of considerable size, without any necessary previous disturbance of the circulation, such as fever, congestion, or plethora; the rupture probably arising from disease of the artery, at the part which gives way.

Symptoms.—The patient often experiences a severe shock in the head, or a sudden or violent pain in the brain at the moment when the blood-vessel gives way; sometimes attended with the feeling as if something were suddenly torn, or rent in the interior of the head; and very frequently accompanied with paleness, sickness, and vomiting. The pain in the head is sometimes so severe that the patient sinks down pale, faint and exhausted; or even experiences a severe shudder, or a slight convulsion. When the calibre of the ruptured vessel is smaller, the sudden attack of pain in the head is accompanied by slight and transient confusion only, and the patient does not fall down. In either case he commonly recovers in a short time from these symptoms, becomes quite sensible, and is able to walk; but the headache does not leave him, his pulse is apt to remain frequent and feeble, his face cadaverous and sunk, while his spirits are depressed, although he is quite conscious, and in full possession of his intellect. After this state has endured from a few minutes to several hours, or even more, the patient becomes heavy, forgetful, incoherent, and sinks into coma from which he never rouses again; or his skin acquires some heat, his pulse improves in strength, his

face becomes flushed and his features turgid; the oppression then increases rapidly, he answers questions slowly and heavily, and at last sinks into a profound stupor and coma. (Copeland and Watson.)

This is the most fatal form of Apoplexy, and it is all-important to be fully aware of this, for, to an inexperienced eye these cases, at first, do not seem so terrible as those in which the patient falls down profoundly comatose from the commencement. The apparent amendment is fallacious, and apt to lead physicians and friends to indulge in hopes of recovery, soon to be dreadfully disappointed. A large quantity of blood is usually found extravasated in, or upon the brain.

The primary management of these cases is very difficult to the allopathic physician; the violent pain in the head, the faintness, sickness, vomiting, the paleness and ghastliness of the face, the weakness, frequency or irregularity of the pulse cannot be treated with bloodletting, and dare not be met with stimulants, although the preparations of Ammonia are generally relied upon. As by far the majority of patients soon rally from the first shock, and coagulation of blood with the formation of a clot is more apt to take place during the cold and faint stage, while fresh bleeding almost always occurs as soon as the circulation is restored, and reaction sets in, the physician should be bold enough not to be in too great a hurry to rally his patient. He should aid nature in forming a clot, and should first use styptic and blood-coagulating remedies, rather than stimulating ones. The principal astringents in use in old-school practice are: Acetic acid, Tannic acid, Elixir vitriol or Aromatic sulphuric acid, Alum, Catechu, Creosote, Chalk, Sulphate of Copper, Per-nitrate, and Muriate Tincture of Iron, Sulphate of Iron, Geranium maculatum, Logwood, Kino, Rhatany, Matico, Monesia, Acetate of Lead, Bistort, Oak bark, and Acetate of Zinc. Some of these, such as Plumbum, Cuprum, Ferrum, Zincum, &c., are more or less homœopathic to some of the symptoms and forms of Apoplexy. But Millefolium has the highest homœopathic reputation in controlling bleedings from various parts. I

believe that the use of styptics against hæmorrhage of the brain has never before been so distinctly recommended as is here done, or will again be urged.

A glance at the principal effects of a great outpouring of blood in, or on the brain, will still more forcibly impress us with the importance of checking the bleeding as rapidly as possible.

Rokitansky says, that: Hæmorrhagic Apoplexy consists in the pouring out of blood into the substance, or upon the surface of the brain, and a proportionate laceration, breaking down, contusion and compression of its substance. There are various grades of this process:

(1.) A larger or smaller spot of white or grey cerebral substance becomes speckled or striped with a small number of dark red dots and streaks of extravasated blood (ecchymosis); the fibres of the brain are then generally separated, not entirely torn by the effusion of blood. The recovery of the patient should be perfect, although the symptoms may be severe, and some paralysis be present.

(2.) These minute extravasations may be more numerous, lie closer to one another, and some of them may have run together, so that some portions of the brain are uniformly suffused with red blood, are of a soft and pulpy consistence, and many of its fibres are broken into numerous shreds, and softened to a red pap. Recovery from this state of things is apt to be slow and imperfect.

(3.) In consequence of the continuance or recurrence of the bleeding, a single small extravasation may increase rapidly, or by degrees, from the size of a poppy seed, tearing and separating the surrounding brain, until a large clot and cavity are formed. It is this process which old-school physicians are so anxious to prevent by means of prompt and copious bloodletting; but as it is very generally caused and aggravated by the existence of hypertrophy of the left ventricle of the heart, it is also very important for them to use Aconite, Digitalis or Veratrum viride, to lessen the impulse of the

circulation; and antiphlogistic styptics such as Acet. plumb., Alum, or Creosote to control the bleeding.

Hæmorrhage into the brain should be treated somewhat as the hæmorrhagies of other organs are treated—no old-school physician would attempt to control bleeding of the rectum, uterus, bowels, stomach, or lungs without the aid of remedies more or less styptic, as well as antiphlogistic. In point of fact simple antiphlogistic treatment is next to useless, if not injurious. Copeman says, when there is a rupture of a bloodvessel in the head, and consequent extravasation of blood has already taken place, then the mischief is done, the blood is effused, and the system has received a great shock, which bloodletting will aggravate, while it cannot remove the extravasated blood. But it may be said, that it will prevent farther extravasation by lessening the impetus of blood to the brain. But has it this effect? Do we not generally read that during the bleeding the pulse rose and became more free? and may there not be some truth in the proposition that extravasation is promoted, rather than counteracted, by the greater thinness of the blood and its diminished tendency to coagulate, induced by large bleedings?

When the clot is large, the portions of the brain around it are stretched and torn, the segment of the brain containing it is enlarged, swollen and more or less altered in form, it may be forced outwards against the dura mater and skull, and inwards towards the opposite half of the brain; the convolutions are driven close together, flattened, and diminished in size; the structures at the base of the brain are flattened; the opposite ventricle is narrowed, and its contents displaced; and when a cavity of this size and kind opens into the ventricle, the opposite hemisphere also shares in the compression and enlargement.

(*a.*) It is evident that hæmorrhagic Apoplexy may prove fatal at once, suddenly and primarily (*Apoplexie foudroyante*); or after short time, viz., in some hours, or a few days. Death results in such cases from the extensive destruction of the substance of the brain, and from pressure. This happens

especially when there are large central cavities of the size of a hen's egg, or somewhat smaller.

Still more certainly fatal are larger extravasations which burst into the meshes of the pia mater without, or into the cavity of the ventricles within.

In certain parts of the brain, again, such as the Pons variolii, Medulla oblongata, or Corpora quadrigemina, a cavity which is not absolutely of inordinate size, may prove fatal, on account of the greater vital importance of these parts.

(*b.*) Apoplexy may prove fatal secondarily, after a shorter or longer interval of time, when reaction sets in, and the inflammation about the cavity and clot becomes excessive, or is followed by yellow softening of the brain.

(*c.*) The first effect of extensive Apoplexy is a permanent loss of a portion of the cerebral mass.

(*d.*) A very frequent, if not invariable consequence of this is a manifest Apoplexy of other parts of the brain, extending to considerable distances in the direction of those fibres which are included in the original apoplectic spot.

(*e.*) This Apoplexy, coupled with the subsequent diminution and closure of the apoplectic cavity, by the process of healing, gives rise to a corresponding amount of vacuum within the skull.

(*f.*) This atrophy of the brain, when it is not associated with œdema of the brain, is constantly combined with *Sclerosis*, i. e., induration, condensation, and leather-like toughness of the white substance; it gives rise to premature marasmus of the brain, and early failure of its powers.

(*g.*) The vacuum in the skull thus produced, leads to frequent congestions of the head, and consequent repetitions of apoplectic attacks, followed, or not, by acute or chronic œdema of the brain; finally a varicose state of the cerebral vessels occurs in the neighborhood of the apoplectic clots, cyst, or cicatrices.

Rokitansky, from whom all the above remarks have been borrowed, says that the hitherto unnoticed congestions, arising from the vacuum which attends atrophy of the brain, are of

the utmost importance. These, especially when combined with brittleness of the blood-vessels, are without doubt the cause of the frequency of Apoplexy in advanced life, and especially of its frequent recurrence in some cases.

Hæmorrhagic Apoplexy is generally supposed to depend upon the relative, or proportionate thinness, fragility, or debility of the blood-vessels of the brain, as compared with the amount of blood circulating through the whole system, and especially of that which is thrown to the head by the action of a strong and vigorous heart, or active circulation. But it arises quite as frequently, from too great stress and pressure upon these fragile, thin, or weakened blood-vessels by a sluggish return of blood from the head into the general circulation; and also, from such an actual and absolute degree of attenuation, brittleness, or weakness of the blood-vessels, that they are not able to withstand the ordinary pressure of the circulation under the usual, and more especially from any extraordinary exertion of body or mind.

Under all circumstances hæmorrhagic Apoplexy will be most apt to occur in those localities where the blood-vessels of the brain and its membranes most abound. In the brain itself, the most vascular parts are: the Corpora striata, the Optic thalami, and their immediate neighbourhood; hence it is to be expected that hæmorrhagic Apoplexy will, and does frequently happen in those parts. Of 386 cases of Cerebral- and Spinal-hæmorrhage collected by Andral, no less than 202 cases showed extravasation of blood in the hemispheres of the brain, on a level with these bodies, and at the same time in them; in sixty-one other instances the Corpora striata alone were involved; and the Optic thalami only, in thirty-five additional cases; amounting in all to 298 cases out of 386. Of the remaining eighty-eight cases, out of the 386; the Cerebellum was the seat of hæmorrhage in twenty-two, the Spinal marrow in eight, and all other parts of the brain in fifty-eight.

It would be very natural to draw the inference, that the most common and frequent symptoms and phenomena of

hæmorrhagic Apoplexy arise from the mutilation of these organs. Loss of motion and sensation are the most common phenomena of hæmorrhagic Apoplexy, if we except more or less loss of consciousness; paralysis of motion is far more frequent than loss of sensation; paralysis of one side (Hemiplegia) is far more frequent than paralysis of both sides; paralysis of the arm is far more frequent than the same affection of the leg; and supposing the patient to recover wholly, or partially from hemiplegia, it is the *leg*, in nine cases out of ten, which recovers first and fastest, i. e., sooner and faster than the arm. In accordance with these pathological facts, we find: 1st, that hæmorrhage into one side of the brain is much more common, than into both sides; 2d, the Corpora striata are implanted on the *motor* tracts of the Crura cerebri, which descend into the pyramidal columns, and we have seen that extravasation of blood into the corpora striata is at least twice as frequent as with the optic thalami; accounting perhaps for the greater frequency of loss of motion in Apoplexy, than loss of sensation; 3d, the *sensory* tract of nerves may be traced upwards from the olivary columns until it spreads itself almost entirely through the substance of the thalamus; moreover, the optic nerves and the peduncles of the olfactive may be shewn to have a distinct connection with the thalami; the former by a direct passage of a portion of their root into these ganglia, and the latter through the medium of the Fornix; hence we may regard the thalami opticii as the chief focus of the sensory nerves, and more especially as *the* chief ganglionic centre of the nerves of common sensation, which ascend to it from the medulla oblongata and spinal cord; we have already seen that the optic thalami are the seat of hæmorrhage only one half as frequently as the corpora striata, and that loss of sensation occurs not nearly so frequently as loss of motion. Why paralysis of the arm is more frequent and obstinate than that of the leg, is still an enigma.

Apoplexy of the Corpus striatum. Solly says, he believes it to be invariable fact that extravasation of blood into this body is followed by paralysis; and consequently that

there is no portion of the brain which pathology has so clearly indicated the function of, as the corpus striatum, in so far as its connection with the course, or production of voluntary motion is concerned. This fact was known as early as the times of MORGAGNI and WILLIS.

Apoplexy of the Optic thalami. ANDRAL says: although sensation is perhaps more frequently affected by hæmorrhage into this part, than motion, still this body is not the only source or origin of sensation, for feeling may remain when it is diseased, and may be lost when other parts of the sensor tract are affected. Besides, we may add, that congestion of, or bleeding into one part may, and does cause sympathetic disorder and compression of more or less remote parts, attended with corresponding symptoms.

Apoplexy of the Medulla oblongata. The pouring out of blood into this part is more *suddenly* fatal than any other form of Apoplexy. This is the only variety that resembles, and is liable to be mistaken for death from disease of the heart. It fortunately is very rare, for the medulla oblongata is not very vascular, its blood-vessels are not very large, and they are well supported. Extravasation of blood takes place more frequently on its surface than into its substance, but this proves equally fatal, although not so very suddenly. The reason that this occurrence is so rapidly destructive to life, must be obvious to every physiologist; for, it is from this centre that the nerves of respiration, and the muscles which they supply with nervous energy receive their power of action. Apoplexy of the medulla oblongata may take place secondarily when blood is poured out primarily, either into the third ventricle, or from rupture of the vessels of the optic thalami, or corpora striata, and gradually finds its way down to the medulla oblongata. This is a very frequent termination of such cases under allopathic treatment. (SOLLY.)

Apoplexy of the Pons varolii. When the pouring out of blood takes place first in the pons varolii, and secondarily into the medulla oblongata the symptoms are so characteristic that the lesion may be easily recognized by the practitioner.

Extravasation into the Pons produces paralysis of one or both limbs, according to its extent, but after the first effect of the effusion is over, it does not affect the intellect, because the brain proper is left intact; but as the blood advances towards the medulla, the organs of respiration become affected; first the muscles of respiration are unnaturally and irregularly stimulated, and the sensibility of the respiratory passages abnormally exalted, until the stage of excitement is succeeded by one of paralysis of the organs of respiration, and the patient dies suffocated. (SOLLY.)

Apoplexy of the Crus cerebri. Extravasation into, or upon this organ, will produce paralysis of the limbs on the opposite side of the body, and often of the opposite eye, from its also affecting the optic eye. The intellect may remain clear as long as the brain itself is not involved. (SOLLY.)

Apoplexy of the white, or tubular substance of the brain. In these cases, after the first effect of the extravasation is passed, the intellect remains intact, or only slightly disturbed, while decided paralysis of the side opposite the clot is present.

Apoplexy of the Cerebellum. Disease of this part of the brain has, perhaps, excited more attention than its importance demands. GALL and SERRES have assumed that erections, or seminal emissions in man, and discharges, sometimes of blood from the female organs, are the distinguishing signs of Apoplexy of the cerebellum; but there is as much proof to the contrary as in favor of this assumption, although COPELAND suggests that effusion into that part more immediately connected with the medulla oblongata, occasions a partial asphyxia and stasis of blood in the lungs, and thus produces a state favorable to erections, &c. The cases of Apoplexy which take place during coitus, especially if there has been severe pain in the back of the head, followed by great vital depression, sickness or vomiting, convulsions, and general paralysis of sensation and motion, may with some certainty be predicted to depend upon disorder of the cerebellum.

Apoplexy of the cerebellum is said to cause a more serious lesion of the functions of respiration and circulation, and to

be more dangerous than the same amount of disease in the brain itself. This seems quite probable, as it is in union with each segment of the great nervous centres upon which all the movements and sensations of the body depend, viz.: the antero-lateral columns of the cord, and the anterior pyramids and olivary bodies, supplying all the anatomical conditions necessary for the development of acts of sensation and volition. It has even been assumed that the cerebellum is the regulator of all the voluntary movements, and the source of sensibility. (COPELAND.)

Although Apoplexy of the cerebellum, like that of the brain itself, generally produces paralysis of the side of the body opposite to the seat of the injury, yet ANDRAL asserts that when hæmorrhage into the cerebellum occurs simultaneously with that of the brain, or a little time after it, but so that the blood is effused on the right into the cerebellum and on the left into the brain, or vice versa, then there will be paralysis only on the side of the body opposite to the hemisphere of the brain where the bleeding has taken place; i. e., on the same side as the extravasation of blood into the cerebellum. It is most interesting and extraordinary that the movements of the limbs of the right side should be abolished when there is an effusion of blood into the left side of the brain, while the effusion which takes place simultaneously into the right side of the cerebellum should no longer possess the power of paralyzing the limbs of the left side.

Ventricular Apoplexy. The symptoms of this form are not positively known, but the bleeding has been traced by MORGAGNI, DE HAEN, and HUFELAND, to rupture of the vessels of the choroid plexus, in many of those cases in which the extravasation is confined to the ventricles of the brain, without being preceded by laceration of the surrounding cerebral substance.

Aneurismal Apoplexy. COPELAND says that small aneurisms in various parts of the cerebral vessels may form, and by their rupture occasion hæmorrhagic Apoplexy. SERRES relates cases in which rupture of an aneurism occurred in the basilar

artery, and in one of the small arteries of the circle of Willis. Numerous other cases have been observed by Blane, Hodgson, Morgagni, Lieutaud and others, but especially by Bouillaud and Bright. COPEMAN, too, cites six or eight cases, one of which, viz.: case 102, occurred in a patient only 19 years of age; case 32, aged only 21; case 43, aged 30; and case 2, aged 35. These ages are certainly younger than those in which aneurism is thought to be most common.

Arterial Apoplexy. An immense number of cases of hæmorrhagic Apoplexy arise from disease of the arteries of the brain, without aneurism; in fact COPELAND asserts that the most common causes of hæmorrhage in the gradually increasing, or ingravescent Apoplexy, are: ossification, earthy, and atheromatous deposits in various places on the arteries, and a peculiar brittleness, or friability of the vessels of the brain. COPEMAN gives but few cases of this kind occurring in young persons; still case 120 in his book happened in a person aged only 20 years; case 202, aged 35; cases 12 and 34, aged 40; case 80, aged 42; cases 109 and 119, aged 45; and case 190, aged 46. Six other cases happened in persons between 50 and 60 years of age; five cases between 60 and 70 years.

Meningeal Apoplexy. This variety has been studied minutely and curiously by several physicians, especially by PRUSS and HEWETT. Pain in the head is said always to accompany it, and when the effusion of blood takes place slowly, the pain experienced is excessive; it is excruciating, there being blood enough poured out to irritate the membranes of the brain and arouse their sensibility to the uttermost, but not enough to smother or paralyze the organs whose office it is to receive impressions, and recognize pain. At times this extreme suffering lasts for some or many days, but generally coma comes on rapidly, and relieves the patient. (SOLLY).

Another of the most important occasional characteristics of meningeal Apoplexy is the *intermission* of the symptoms, and the consequent masking of the disease. HEWETT had a case in the person of a lady, aged 65, who after having suffered

for several days with great mental excitement, was suddenly seized with violent pain confined to the right eyebrow, which lasted for two or three hours, and then disappeared. This pain continued for several days to recur twice in the 24 hours, presenting all the characters of brow-ague, and it was apparently relieved by quinine, but was succeeded by a train of low symptoms, accompanied by a brown tongue, wandering and impairment of the intellectual faculties, terminating in coma. This lady died in twelve days, without having had any paralysis, or contractions of the limbs; a large quantity of blood was found extravasated into the cavity of the arachnoid.

According to DAY the premonitory symptoms of Apoplexy, such as headache, drowsiness, numbness, vertigo, &c., may or may not occur; premonitions were only present in eighteen cases out of forty-one recorded by BONDEL. Occasionally the attacks set in so rapidly and severely as to merit the expressive term of the French writers, *Apoplexie foudroyante.*

PRUSS has endeavored to establish the diagnosis between *sub-*, and *intra-*arachnoid Apoplexies. In the former, the bleeding, even if considerable, is followed by no paralysis of motion or sensation, when the blood is poured out by exhalation, or from rupture of a vein; but when an artery is ruptured, paralysis sometimes occurs, owing to the greater impulse and shock with which the blood escapes. In *intra-*arachnoid Apoplexy paralysis of motion is very common, while paralysis of sensation is more rare.

In *sub-*arachnoid Apoplexy there is never a *sudden* loss of consciousness, whereas, in the latter there is.

In the *sub-*arachnoid variety there is somnolence and coma, without headache, fever, dryness of the tongue, or delirium; in the latter, all these symptoms are very apt to be present.

In the former we are apt to find neither convulsions, contraction or rigidity of the limbs; in the *intra-*arachnoid variety we generally have at least one of these phenomena.

Sudden loss of consciousness and paralysis do not occur so frequently in meningeal Apoplexy, as in Apoplexy of the brain;

deviation of the mouth to one side, is also much less frequent; while both forms of meningeal Apoplexy frequently assume an *intermittent* character, which is very rare in ordinary Apoplexy.

It is sometimes impossible to distinguish it from softening of the brain. The duration of *sub*-arachnoid Apoplexy does not often exceed eight days; while the *intra*-arachnoid variety may last for a month or longer, and then occasionally terminate in recovery.

Treatment of Hæmorrhagic Apoplexy.

(*Atheroma.*)

The preventive treatment of a very large number of cases of hæmorrhagic Apoplexy will consist in the prevention of that disease of the arteries which leads to the formation and deposition of atheroma, and to ossification of the arteries. According to Rokitansky atheroma is formed, and poured out from the walls of the internal coat of the arteries; at first it resembles coagulated albumen; although it is generally associated with an arterial crasis of the blood, still, it is not the product of inflammation of the arteries; it is rarely associated with tubercular disease of other organs; but is frequently coexistent with an excessive formation of fat in the whole body. Chemically, atheroma has been found to consist of a great number of cholesterine crystals, some oil globules, and of large, small, and very small molecules consisting of albumen, and salts of lime; this atheromatous mass often thickens and is transformed into a moist, soft, mortar-like substance, and finally into a granular, rough, stalactite-like lime concretion; another transformation of the deposit is ossification of parts of the walls of the arteries, which is very frequently preceded, and associated with fatty degeneration of the fibrous coat of the arteries.

The homœopathic treatment of atheroma has not yet been pointed out; if there be a preceding arterial crasis, Ferrum, China, Natrum muriat., Manganese, &c., would be homœo-

pathic; if there be a strong tendency to the development of adipose tissue, Calc. c., Antim. crud., Kali c., Kali hydriod., &c., will be most indicated, although CHAMBERS (see work on Corpulence) gives most striking results from the free use of Liquor potassæ in excessive corpulence. When atheromatous deposits are fairly formed upon the arteries, we must get rid of them as best we may; we have already seen that they consist mainly of cholesterine crystals; *cholesterine* is a white, crystallizable, fatty substance, somewhat like spermaceti, free from taste and odor, and composed almost entirely of carbon and hydrogen; it may be obtained by a chemical process of no great complexity from the serum of the blood, and is conjectured by some physiologists to be altered *Serolin*, or the natural non-saponifiable fat of the serum; one of its most striking characteristics is, that it is not affected by a solution of Caustic potash, and that concentrated Nitric, Muriatic, and Arsenious acid exert no chemical effect upon it. On the other hand, WAGNER found that four parts of *soap* solved in water would dissolve one part of cholesterine; according to SIMON it dissolves so freely in heated Holz-geist or *Naphtha*, that the solution appears crystalline when it cools; ether, the fatty oils, and turpentine also dissolve it; but, the latter only in a moderate degree; while it requires twelve parts of cold ether, to solve one part of cholesterine. As cholesterine exists in the normal brain and nerves in considerable quantities, and is a principal constituent of atheroma, we may readily infer that the arteries of the brain would often be found in an atheromatous condition. Again, CARPENTER has suggested that one of the principal sources of bile is the continual waste of nervous matter, which in some respect so nearly approximates to bile in its composition, that it is asserted by FREMY, that the peculiar acids of the brain may easily be detected in the liver; hence we may infer, the frequent practical connection of bilious derangements, with Apoplexy and atheroma. For want of better remedies against atheroma, it may be justifiable to use the chemical ones, above pointed out, viz.: Naphtha, Ether, Sapon. commun.,

some of the fatty and volatile oils, and Terebinth. Turpentine is homœopathic to some of the symptoms of Apoplexy, especially when attended with urinary troubles, and there is sudden dizziness with dimness of sight, stupefaction and deep sleep, from which the patient awakes confused and languid, and with reeling; when there is dull headache with colic, aching pains in the whole head, going and coming, and attended with vomiting; heavy oppressive pain over the left eye; tearing headache on the right side for nine days, &c. If there were any provings on the healthy, with the other remedies, doubtless one or more of them could be shown to be homœopathic to some of the varieties of Apoplexy.

The albuminous condition of athemora in its first stages, may be treated with Merc. corr., Nitric acid, or Kali hydroid.; the fatty degeneration of the fibrous coat of the arteries may be treated by, 1st, Calc., Caps., or Ferrum; or 2d, by Ant. crud., Cuprum, Lycopod., Puls., Sulph., or other remedies. The calcareous and ossific deposits on the arteries, may be treated with Calc. c., Calc. phos., Silex, or especially by the Silicate of Potash, which was found so useful by URE against the earthy, and tophaceous deposits of gout.

When an absolute rupture of one of the arteries of the brain has taken place, after, or in connection with the ordinary symptomatic treatment, we must also depend much upon styptic, or anti-hæmorrhagic remedies. This has already been alluded to before; among the strictly homœopathic remedies, Arnica, Millefolium, Ferrum acet., Plumbum, Acidum sulph., and others deserve most attention.

FEBRILE AND INFLAMMATORY APOPLEXY.

Apoplexy with bleeding into, or upon the brain may occur in consequence of an exudation from the capillary vessels, owing to a febrile excitement and inflammatory congestion. This mode of hæmorrhage is indicated, apart from the febrile symptoms, by the gradual accession of the signs of Apoplexy; if a blood-vessel had been ruptured, the fit would be more sudden and instantaneous. In fact, in some of these cases the

brain being already excited, resists the oppressive effect of the effused fluid longer than it would in its natural condition; so that at first the symptoms of compression are not in proportion to the amount of the effusion.

In febrile and inflammatory Apoplexy we always have increased heat of skin, and a febrile pulse; while Apoplexy from hæmorrhage is characterized by a slow pulse and diminished temperature. One of the most common causes of this form of Apoplexy, is extension of rheumatism of the muscles of the nape to the membranes of the brain; the muscles of the neck will then be found to be tense, swollen, and so tender to the touch that if but slightly pressed the patient's countenance expresses pain, he will often be roused from his unconscious state, and mutter loudly some unintelligible words; he will hold his neck in a constrained position, and if we attempt to move his head or neck there is an expression of pain on the countenance, and the head returns at once to its unnatural position. (Neisser.)

The treatment of febrile and inflammatory Apoplexy is so well known that it requires but few words to indicate it. Aconite, Belladonna, Bryonia, and Tart. emetic, are the most important remedies.

SEROUS APOPLEXY.

Watson says, that a moderate quantity of serous fluid poured out rapidly during life will certainly occasion a degree of pressure adequate to the production of fatal coma—but how the serum comes to be so effused, it is not always so easy to say—yet there is one condition of the blood-vessels of the brain which, when it can be proved to exist in a given case, is sufficient to account for the effusion. Any real or virtual retardation of the blood in the cerebral veins would lead to what is tatamount to dropsy, there, as well as in any other part of the body.

Solly assumes that serous Apoplexy is always more or less dependent on general debility, with local vascular excitement, and congestion of an asthenic character—for instance, a man

of intemperate habits gets a blow upon the head causing concussion; if this is judiciously treated, he will recover in the course of a few days—but if he be bled largely from the arm, and purged freely the result will almost certainly be serous Apoplexy. But the most unequivocal cases of asthenic serous Apoplexy are those which occur from suppression of urine, the result of disease of the kidneys. Convulsions, and apoplectic coma are among the most common fatal terminations of Bright's disease of the kidneys, especially in pregnant women. Whenever a pregnant woman has a bloated, or tumid state of the hands and face, the urine should always be tested for albumen; if this be present, and a peculiar and intense pain in the forehead set in, especially if accompanied with a severe pain in the stomach, and vomiting of bile, puerperal convulsions and Apoplexy will almost certainly set in.

The attacks may perhaps be prevented by the timely use of Merc. corros., Nitric acid, Cantharides, or Kali hydroid.; but if there be a great deficiency of urea in the urine, Colchicum will also be required. If an attack fairly set in, Venesection and Opium are the most reliable remedies; with them, only forty-two mothers were lost out of 152 cases, or rather more than one-fourth; without them almost all die, except the cases of purely hysterical, or epileptic convulsions and Apoplexy. It is not a little singular that the majority of cases of puerperal convulsions and Apoplexy occur in primaparæ; thus, of thirty-six cases related by Dr. Merriman, twenty-eight were with first children; of Dr. Ramsbotham's more than two-thirds were with first children; and of Dr. Collins' thirty cases, twenty-nine were with first children. The majority of those women who suffer thus with their first child, are not particularly liable to a recurrence with their other children.

Copeman gives several cases of serous Apoplexy especially when attended with more or less general dropsy, and Bright's disease of the kidneys, viz.: cases 57, 61, 63, 64, 65, 66, 87, 101, 205, 229 and some others. Case 229 of Copeman's collection deserves to be reprinted here. A hearty woman,

aged 30, but somewhat dropsical, and near the full period of gestation, fell down suddenly; she instantly became insensible, with stertorous breathing, a hard vibrating pulse, and violent convulsions, which recurred paroxysmally. Delivery of the child occurred in a few hours, but the symptoms of Apoplexy remained unabated, until thirty drops of laudanum were given. The next morning the insensibility, stertorous breathing and convulsions returned, and remained after an injection, which had a proper effect, had been administered; then twenty drops of laudanum were ordered every ten hours, until the symptoms should abate. At the end of the third day manifest advantage had been gained over the disease; in four days recovery appeared certain, and it happened accordingly. (KIRKLAND.)

I claim the credit of being the first to point out a truly homœopathic, and specifically curative remedy, viz.: *Mercurius corrosivus*, against one variety of Bright's disease of the kidneys (see Homœopathic Examiner, new series, vol. 1, p. 285), as long ago as the year 1846. Besides the successful cases there recorded, I have heard of numerous other fortunate recoveries, both in our public allopathic medical institutions, and in private practice. It is well to add that ROKITANSKY distinguishes no less than eight different varieties of Bright's disease; hence we require at least eight different remedies to cure all these varieties, and doubtless several more will be necessary to meet all the peculiarities of some cases. Of course Mercurius corrosivus will not cure all cases of Bright's disease; some require Cantharides, others Nitric acid, or Hydriodate of Potash, or Copaiba; while remedies for the remaining varieties have yet to be discovered. Marsh Marigold will probably cure some cases. (PETERS.)

NERVOUS APOPLEXY.

WOOD says it is now generally admitted by old-school authorities that death may occur, even after, and perhaps in consequence of the most active treatment, with all the phenomena of Apoplexy, without leaving any observable lesion in

the brain. Such cases are denominated by some, *nervous* Apoplexy. He says they are rare, but the probability seems to him, to be, either that some *slight* phenomena of congestion have been overlooked, or that some of the blood-vessels of the brain have been violently distended, sufficient to press upon and paralyze the action of some of the nervous centres essential to life, but have become emptied of blood before death, after the mischief has been produced.

In fact, in hæmorrhagic and congestive Apoplexies the symptoms are owing to distension, or compression and consequent paralysis of some portions of the brain. This paralytic state of the brain may occur quite independently of any congestive trouble, and give rise to all the symptoms of Apoplexy.

Copeland says, that the circulation of the brain is chiefly under the dominion of that portion of the sympathetic nerve which is ramified on its blood-vessels, and that an exhausted or morbidly depressed state of the influence which these nerves exert on the circulation and manifestations of the brain, particularly in dilating or congesting the capillaries and disposing to their rupture, is the principal cause of, and often constitutes the whole of the apoplectic seizure. From this it may be inferred that the proximate cause of a large proportion of the cases of Apoplexy, not excepting even those which are attended with retarded circulation and hæmorrhage is here imputed primarily to the weakened condition of that part of the sympathetic nerve which supplies the blood-vessels of the brain, and the brain itself.

Hence, the most important indication of treatment is to give tone and vigor to these nerves. Nux, Veratrum, Quinine, Arnica, &c., should be more useful than bloodletting. Hufeland, in particular, considered Apoplexy frequently to proceed from that state of the nervous power which he considered defective.

Cooke (see Burrows, p. 79) says, the opinion that Apoplexy is caused by an obstruction of the passage of the nervous fluid into the organs of sense and motion has been the favorite

hypothesis of physiologists, and seems more satisfactory than any other to explain the manner in which the exciting causes act in producing the symptoms of the disease. (Ibid. p. 80.)

Abercrombie says, it is an important fact that Apoplexy has, by extensive observation, been ascertained to be fatal (under allopathic treatment) without any morbid appearance in the brain, or with appearances so slight as to be altogether inadequate to account for the disease. There is a modification of Apoplexy, depending on a cause of a temporary nature, without any real injury done to the substance of the brain; and that the condition upon which this attack depends may be speedily removed, or it may be fatal without leaving any morbid appearance on the brain. Burserius relates instances of the kind, and quotes Vallisnieri, of Modena, who asserts that in several bodies of persons who had died of Apoplexy, to the great amazement of the dissectors, not the smallest injury was discoverable either in the membranes of the brain, or in the cortical or medullary part, or in the ventricles, or in the vessels, or in any other part of the head. Willis, Nicolai and Kortun, have seen such cases, and finally such distinguished pathologists as Grisolle and Louis have met with them. Grisolle has reported a case in which the brain was examined into its most minute parts, and Valleix saw in the service of Louis, a patient who after having succumbed in consequence of an attack of Apoplexy, attended with complete loss of consciousness and hemiplegia, did not present a single visible cerebral lesion, although the examination was most minute. Such cases as these should lead the dominant school to be more charitable and just in their judgments of homœopathic physicians. If such a case should by chance happen to a homœopathist, there would be no end of the contumely and reproach which would be heaped upon him, and his mode of practice; but the very numerous fatal cases of this kind which happen under allopathic treatment, are very cavalierly ignored, or forgotten.

CARDIAC APOPLEXY,

Or Apoplexy connected with, or arising from preceding Organic disease of the heart.

In every case of threatened or happened Apoplexy, it should be regarded as imperatively necessary for the physician not only to examine the pulse carefully, but also to investigate the condition and action of the heart. According to Burrowes, "simple hypertrophy of the left ventricle of the heart will cause an increased activity in the general circulation; the blood will be thrown to the head with more than usual force, and there will be a more rapid transit of the blood through the arteries of the brain. But, after a time, this constantly increased force of the left ventricle will have the effect of dilating the cerebral arteries, and thus of overcoming the healthy elasticity of their tunics. Congestions of the brain will now ensue, and the coats of the dilated vessels no longer protect the surrounding substance of the brain from the inordinate momentum of the blood propelled from the heart. Apoplectic coma is now very likely to occur from some sudden accidental increase of pressure of blood on the brain, or from rupture of an artery, and pouring out of blood into the brain.

Hence, enlargement of the left ventricle of the heart must be admitted as a powerful predisposing, or even exciting cause of Apoplexy, and sudden paralysis. In 132 cases of Apoplexy collected by various authors, the heart was found diseased in no less than eighty-four instances, or sixty-three per cent. Andral, in twenty-five cases, found the heart diseased in fifteen; Clendinning, in fifteen cases, out of twenty-eight; Hope, in twenty-seven cases, out of thirty-nine; Burrowes, in twenty-three cases, out of thirty-four; Guillemin, in four cases out of six; Rochoux, in four cases out of fourteen.

But, simple enlargement is not the only disease of the heart apt to cause Apoplexy; in Andral's fifteen cases, there was

valvular disease in eleven cases; in Burrow's twenty-three cases, there was valvular disease in sixteen.

A careful examination of the state of the heart of an apoplectic patient is much more necessary for the safety of one under allopathic treatment, than under the homœopathic. For if the Mitral valve be diseased, and allow of regurgitation from the left ventricle, then the small and irregular pulse so generally attending that state of the valves, will probably dissuade the allopathist from that free abstraction of blood, which the state of the brain seems to require, according to his mode of treatment. Again, if in another case of Apoplexy or paralysis, the Aortic valves be found diseased to the extent of not only obstructing the onward current of blood, but also of allowing regurgitation into the ventricles, there will probably be associated with this lesion, considerable enlargement of the left ventricle. Then we will find a full and vibrating, or thrilling pulse, but a pulse of increased action without real power, and hence a deceptive pulse; and one which, if it be regarded without reference to the disease of the heart, would tempt the physician to a more copious abstraction of blood than will be called for by the general symptoms. (Burrowes.)

It will be unnecessary to enter here upon the treatment of those affections of the heart which are attended with Apoplexy, because the treatment of Organic affections of the heart has been given minutely and completely by the translator in the Homœopathic Examiner, vol. 2, (new series, 1847), and reprinted, both in Hull's Laurie's (Appendix), and in Hull's Laurie (new edition, 1853,) all published by Wm. Radde.

BILIOUS APOPLEXY.

Budd (see Treatise on Diseases of the Liver,) has made quite a large collection of fatal cases of jaundice, followed by delirium, coma, paralysis or convulsions. Rokitansky, however, was the first to call attention to this formidable disorder, under the name of acute yellow softening of the liver; owing to his researches, the disease can now be readily detected

during life; its course is acute, there is extreme pain in the region of the liver, which organ rapidly becomes extremely soft, and diminished in size; this diminution of size can easily be recognized by means of careful percussion, and this diagnostic sign is of very great importance, as in most other diseases in which jaundice occurs, the liver is generally enlarged. The prognosis in severe jaundice with decided diminution of the size of the liver, is much more serious than when the liver is enlarged. Until quite lately this form of disease was regarded as almost necessarily fatal, but now the patient may often be saved, even after he has fallen into a state bordering on apoplectic coma, the patient being unable to speak, with slow pulse, dilated pupils, and almost total loss of sensation and voluntary motion.

Among the remedies homœopathic to Apoplexy, Cuprum aceticum, and Phosphorus are also decidedly homœopathic to profound bilious derangement and jaundice. According to Christison, Cuprum is homœopathic to violent headache with vomiting, cutting pains in the bowels, cramps in the legs, and pains in the thighs; he also mentions six or eight cases in which it proved homœopathic to jaundice; and others, in which it was found homœopathic to convulsions, palsy, coma, and insensibility; others, again, in which the patient was insensible, with the jaws locked, the muscles rigid and frequently convulsed, the breathing interrupted, and the pulse small and slow; one case in which there was convulsions and loss of consciousness followed by extraordinarily paralytic weakness of the arms and legs, and attended with congestion of the surface of the brain.

Christison also gives a case in which Phosphorus proved homœopathic to spasms, delirium and palsy of the left hand, the limbs being neuralgic, the intellect clouded, and the breathing stertorous, while the whole of the skin was generally yellow.

GASTRIC APOPLEXY.

A very large number of cases of Apoplexy occur after a full meal; a person predisposed to Apoplexy, either from plethora, or disease of the arteries of the brain, but especially when both are present, is very apt to be attacked with Apoplexy, after a full meal. This is best illustrated by a case.

A colored woman, aged about 50, and somewhat corpulent, after a hearty meal of meat, peas and rice, fell down in a state of insensibility, and soon expired. As soon as the skull was opened, a considerable collection of blood was found about the base of the brain, and large clots were discovered in its substance; the arteries of the brain were rigid, much dilated, and studded over with numerous points of ossification; the bleeding had taken place in consequence of a rupture of some of these arteries. On examining the stomach, that organ was found impacted with peas, rice, hominy and other articles of the individual's repast, to a degree to which it would scarcely be possible to believe could be borne without extreme suffering, and an extensive embarrassment of the functions of the whole of the associated organs. It was so distended as to encroach upon the intestines, compress the aorta, and the vessels given off by it in the epigastric region, press upon the plexus of nerves behind the stomach, and finally, force up the diaphragm upon the lungs so as to interrupt their play, and thus embarrass the function of respiration, thereby interrupting the passage of blood through them, and consequently impeding its return from the head. The blood being thus confined on the one hand to the vessels of the brain, by these causes, and driven upon it, on the other hand, by the pressure sustained by the aorta, which prevented the distribution of the usual quantity of blood to the lower part of the body, it is not to be wondered at, when the fragile state of the coats of the arteries of the brain is considered, that they should have been unable to sustain the pressure thus suddenly thrown upon them, and that they gave way under its influence. (COPEMAN.)

The above is a fair exposition of one cause of a very large

number of cases of Apoplexy. The frequency of this occurrence has given rise to the dispute among physicians as to the propriety of administering emetics in Apoplexy, or not. COPEMAN says, that the practice of giving emetics when the attack has succeeded a full meal, has not only been safe, but effectual; case 36 in his book, recovered from Apoplexy excited by eating cucumbers and whortleberries, after the action of an emetic; also case 37; case 26, after vomiting some pints of fœtid bile; case 90, recovered after spontaneous vomiting set in. On the other hand, WATSON says, that the treatment of Apoplexy with emetics is an extremely hazardous measure, which is almost sure to do harm if there is already any extravasation of blood. He merely mentions the practice to protest against it.

Still, an overloaded stomach must be relieved from its excessive and often disgusting contents; we have seen that it exerts an exceedingly injurious pressure upon various important organs, and obstructs the return circulation from the head; it must be manifestly the height of folly to put infinitesimal and delicate doses in a foul stomach; hence, if emetics are injurious, what are we to do? The bowels may evidently be fully emptied, thus leaving more room in the abdomen; the whole quantity of blood may be reduced, if the patient be decidedly plethoric, and then the stomach may probably be evacuated, with safety and benefit; after the stomach has been thoroughly cleansed and purified, infinitesimal doses may be used.

Dr. W. HERING (see Brit. Jour. of Hom., July, 1852, p. 377) gives eight instances of apoplectic attacks arising from excessive or improper feeding; in three cases, free vomiting was induced with great relief to the patient; in three other cases, large draughts of hot water were used to relax the pyloric orifice of the stomach, and allow the offending substances to pass out of the stomach into the bowels, and be carried off by spontaneous diarrhœa.

This may not be an improper place to speak of the use of cathartics in Apoplexy. WATSON says, that "purgatives are

of signal service; they empty the intestines, which are sometimes loaded, and which by distending the abdomen have perhaps occasioned undue pressure against the diaphragm, embarrassed the breathing, and through it the circulation in the brain; another very important purpose of hard purging, is the producing of copious watery discharges from the bowels, whereby the blood-vessels are drained, and the tendency of blood to the head especially relieved."

I am sorry to say that in my experience, purging has had no such good effects; in at least four cases of Apoplexy, previously treated by allopathic physicians and in several by myself, I have seen decided purging produce not only no good effect upon the patient, but render his condition one of great misery and filth to those around him, all the evacuations being necessarily passed in the bed, while the necessary attentions in cleansing and moving the patient have certainly aggravated a state which requires the utmost repose and quiet. COPEMAN even gives two cases, viz.: cases 193 and 194, in which hypercatharsis seemed to bring on Apoplexy.

"A foreman of a mill, strong and stout, was under the care of a physician for disorder of the liver, which was treated by mercury; this produced a hypercatharsis so prodigious that he nearly became bereft of all power, and all pulse; he rallied partially, but in twelve hours presented all the symptoms of cerebral Apoplexy; he was lethargic and flushed; notwithstanding the usual treatment, he went on into all the degrees of Apoplexy, and died in twelve hours more.

A stout, unwieldy lady, aged 70, in her usual health in the morning, had taken a purgative, which produced a hypercatharsis; after the evacuations she was struck with Apoplexy. COPEMAN exclaims: Emptied vessels, with great debility, yet the blood determined fatally to the head!"

WEST gives the case of a child attacked with diarrhœa, producing great exhaustion; and while suffering from this affection, he suddenly became comatose, cold and almost pulseless, and his breathing became so slow that he inspired only four or five times in a minute. In this state he lay for twenty-

four hours, and then died quietly. Nearly six ounces of dark coagulated blood were found in the cavity of the arachnoid. (See Lectures on Diseases of Infancy and Childhood, p. 54.)

INFANTILE APOPLEXY.

Alois Bednar, of the Vienna Foundling Hospital, met with thirty-seven cases of hæmorrhage into the pia mater in the course of three years; viz.: twenty-two times in boys, and fifteen times in girls. In the same space of time, he met with Apoplexy of the arachnoid, only fifteen times, viz.: in seven cases in boys, and in eight, in girls. Of the thirty-seven cases of Apoplexy of the pia mater, the bleeding was extensive in three cases only; of the fifteen cases of arachnoid Apoplexy the disease was extensive in all but three cases. Bednar also met with sixteen cases of bleeding into the substance of the brain, viz.: eleven times in boys, and only five times in girls.

The principal symptoms of bleeding into the cavity of the arachnoid membrane are: distension and pulsation of the anterior fontanelle, dimness of the cornea, clonic cramps, rigidity or paralysis of the limbs, sopor, coolness and blueness of the skin, slow beating of the heart and slow respiration. The age of the child, the recency of birth, and the course of the disease will aid the diagnosis.

According to West all periods of childhood are not equally exposed to this accident, but it is oftenest met with immediately after birth. The head of the infant has been subjected to severe, and long-continued pressure; immediately on its birth the course of the circulation is altogether changed, and should any difficulty occur in the establishment of the new function of respiration, a long time will elapse before the blood flows freely through its unaccustomed channels. The tumid scalp and livid face of many a still-born child point to one of its most important causes, since they are but the external signs of that extreme congestion of the vessels within the skull, that has at length ended in a fatal effusion of blood on the surface of the brain.

There will be reason to fear that this occurrence has taken

place, if an infant when born, were to present great lividity of the surface, and especially of the face; and if the heart were to beat feebly, and at long intervals, although the pulsations of the cord were slow, or faint, or had altogether ceased. Death may take place without any effort at respiration being made, the beatings of the heart growing feebler and fewer till they entirely cease; but at other times the child breathes irregularly, imperfectly, and at long intervals. The hands are generally clenched, and spasmodic twitchings are of frequent occurrence about the face; or these twitchings may be more general, and more severe, and may amount almost to an attack of convulsions. (West.)

Bleeding within in the skull in the new born infant takes place almost under the same circumstances that bleeding into the tissue of the scalp, or extravasation of blood between the bone and pericranium takes place (*Cephalhæmatoma*).

Infantile Apoplexy, though at no time so frequent as immediately after birth, may occur at any subsequent period of childhood, either under the influence of causes which favor congestion of the brain, or even independently of any cause that we can discover.

West, Legendre, Rilliet and Barthez, all concur in representing its symptoms as exceedingly obscure; paralysis was observed only twice in twenty-six cases of hæmorrhage into the cavity of the arachnoid, owing probably to the pressure exerted on the brain being generally diffused over its surface, and being nowhere very considerable; just enough, perhaps, to cause general dulness and torpor. On the other hand, the sudden occurrence of violent convulsions, and their frequent return, alternating with spasmodic contraction of the fingers and toes in the intervals appear, to West, to be the most frequent indications of effusion of blood upon the surface of the brain.

Both Bednar and West lay some stress upon hæmorrhage into the brain, in children, being connected with an altered state of the blood, and with disease or enlargement of the liver; bilious symptoms are often present, the region of the

liver is often tender to touch, and the liver itself is sometimes found enlarged. West has met with only two instances of distinct extravasation of blood into the substance of the brain in older children; one was in a little girl, aged 11 months; the other also in a girl, but aged 11 years.

SECONDARY EFFECTS OF APOPLEXY.

Having made some remarks about the nature and treatment of the principal varieties of Apoplexy, it may not be out of place to refer to the precautions and remedies necessary for the after-effects of the disorder.

A principal precaution is to prevent the patient from making any exertion for some time after the first effects of the attack have passed off. A very large number of lives have been lost from want of attention to this. In Copeman's 18th case, the patient, after being successfully treated, so that he became conscious, knew his friends and was able to walk with assistance from one bed to another, soon relapsed after this exertion, and finally died. In case 21, the patient had recovered sufficiently to walk across his room, when he cried out suddenly with pain in the head, fell down insensible, and died in thirty minutes. It will be useless to multiply cases to this effect; Burrowes (see on Disorders of the Cerebral circulation, p. 146) has an excellent chapter on, and very instructive cases illustrative of the bad effects of premature exertions of body or mind after Apoplexy.

In other cases, two or three days after the emergence from coma, we often observe the patient's face to become flushed, the scalp hot, a frowning or knitting of the brows, slight squinting, and complaint of pain on one side of the head. This pain is usually referred to the side opposite to the palsied limbs; and if the patient be deprived of the power of expressing his sensations, his uneasiness is often indicated by the occasional movement of the sound hand to the forehead; at the same time the paralysed arm is perhaps observed to be occasionally drawn up to the face, or across the chest. This latter movement taking place after the fit, often gives

rise to the hope that the paralysis is not so complete as it was at first supposed to be; but such movements are involuntary, and arise from commencing irritation and inflammation in the substance of the brain immediately around the extravasated blood. At the same time, the circulation becomes more active, the patient is thirsty, and is sometimes troubled with an oppressive heat of the skin. These symptoms, which are indicative of inflammatory action commencing around the clot of blood in the brain, should be met by the application of cold to the head, restricted diet, extreme quiet in the sick-room, and the use of Aconite, and other antiphlogistic means and remedies.

Simultaneously with the above-described train of symptoms, or soon after their appearance, the paralysed limbs are not uncommonly affected with involuntary movements, which usually consist of spasmodic contractions. The patient will also, most probably, complain of severe pains in the palsied limbs, of burning heat in them, so that he will long to plunge them into cold water; the integuments of these limbs often feel hot, and are red and swollen. These pains in the paralysed limbs often constitute a most striking feature in the after progress of a case of Apoplexy. At each visit of the medical attendant, the patient piteously demands something to alleviate his sufferings, which greatly interfere with his night's rest. These wearing pains are not confined to the integuments, but appear to pervade the deeper-seated parts, so that the periosteum of the bone of a palsied limb will become swollen and painful. In some cases these pains have appeared to be attributable to the continuance of irritation from the clot upon the brain; in others, there is no evidence of irritation of the brain, but this painful state of the limbs seems to depend upon returning functions in the nerves, and partly upon the capillary circulation in the tissues of the limb not being duly regulated by the nervous system. These pains in palsied limbs are very analogous to those which are experienced in a part when the circulation and animal temperature are returning to it after it has been benumbed by cold. Almost all local applications except Aconite are useless. It will some-

times happen that the redness and heat will subside, but the neuralgia remains. These cases are very distressing to witness, on account of the constant suffering which we cannot remove by allopathic treatment; nevertheless, after the lapse of some time, weeks or months in different cases, the pains gradually disappear (Burrowes). Aconite, Nux and Veratrum are important homœopathic remedies against the irritative, inflammatory, spasmodic and neuralgic affections, although Creosote, Phosphorus, Colocynth, Spigelia, and Ranunculus bulbosus may also be required.

Another most important point in the after-treatment of hæmorrhagic Apoplexy is to aid nature in the removal of the clot; old-school physicians generally depend upon the use of mercury, given so as to act as a purgative, and to slightly affect the gums, but not allowing it to produce salivation, which is always very distressing to the patient, whose powers of mastication and swallowing are already impaired by his disease. Kali hydriodicum would probably effect this object more promptly than Mercury, and might at the same time relieve the pains and swelling about the periosteum and bones, and consequent neuralgic pains. Arnica and Baryta also deserve attention. (J. C. Peters.)

ON THE

HOMŒOPATHIC TREATMENT

OF

APOPLEXY.

Rückert has furnished twenty-four cases of Apoplexy, treated and cured by means of homœopathic remedies. I have added about thirty additional cases from Black, Simpson, Dunsford, Malaise, Beauvais and others. I have also thought it advisable to include the cases of *Congestive vertigo*, collected by Rückert, and those instances of "*Affections of the Speech*," which seem to depend upon some disorder in, or of the brain; they are so closely allied to Apoplexy, or its premonitions, that I trust no excuse will be necessary for this liberty.

Rückert truly says, that quite favorable results have been obtained in these formidable disorders by homœopathic treatment. He also assumes, that these not very numerous cases prove that, whenever life can be saved at all, it can be saved without the aid of exhausting bloodletting, and quotes Schubert, who asserts that whenever he bled his apoplectic patients, their disease and recovery progressed more slowly than when he omitted it. Schubert only found bloodletting useful when decided plethora, or full-bloodedness was present; but always found homœopathic remedies useful, and even indispensable.

Of Rückert's cases he has assumed that fourteen cases were instances of *sanguineous Apoplexy*, while nine cases are assumed to be examples of *nervous Apoplexy*.

The remedies treated of by RÜCKERT, are: Aconite, Arnica, Baryta, Belladonna, Cocculus, Crotalus, Ipecac., Hyosciamus, Laurocerasus, Nux vomica, Opium and Phosphorus.

Numerous notes and several additional articles have been added. (PETERS.)

1. ACONITE.

GENERAL REMARKS.—(*a*). [Fortunately, both old and new school physicians agree about the utility of Aconite, in the treatment of congestive and inflammatory affections of the brain, although they entertain almost diametrically opposite views about the general action of this remedy. Dr. FLEMING, *President of the Royal Medical Society of Edinburgh*, thinks that it exerts a purely sedative action upon, and diminishes the flow of arterial blood to the brain, acting in the same way as excessive loss of blood, between which and the action of Aconite, he says there exists a very strong analogy. On page 30, he draws the inference that it is an advisable antiphlogistic in Apoplexy, inflammation of the brain, or in any disease in which the circulation of the brain is excited, because it exerts a direct, sedative influence upon the vascular system, reducing more or less, according to the dose administered, the strength, volume and frequency of the pulse. He asserts that the pulse often falls to 60 per minute, and in some cases sinks to 48, 40 and even 36. On page 36 he draws the inference that Aconite is a powerful antiphlogistic, and that it is calculated to be of great value in all cases where there is an inordinate activity of the circulation. (*See Inquiry into the Physiological and Medicinal Properties of Aconitum napellus. London*, 1845.)

A majority of the most able old-school writers on the Materia Medica, viz.: PEREIRA, WOOD and BACHE, TAYLOR, CHRISTISON, NELIGAN and others, now agree with these views of FLEMING; but it should not be forgotten that HAHNEMANN pointed out the use of Aconite in congestive and inflammatory affections full fifty years ago.

Many old-school writers now compare the action of Aconite on the circulation to that of Digitalis, Tobacco, Colchicum,

and Veratrum viride, excepting that Aconite has also been found to act specifically on the skin, causing ready and profuse perspiration, while Digitalis acts more decidedly on the kidneys, causing a free flow of limpid urine; Tobacco acts more decidedly on the stomach and muscular system, causing great nausea and muscular debility, while Colchicum not only diminishes the action of the heart, but causes profuse flow of bile from the liver, and an increased excretion of urea from the blood and kidneys. Hence of late, various uses and combinations of these remedies have been proposed, in the dominant school, in congestive, comatose, febrile and inflammatory affections. Colchicum has been more particularly recommended in cases of Apoplexy arising from or connected with bilious derangements, jaundice, or deficient secretion of bile; but still more, especially by Dr. McLagan, of Edinburgh, in all cases of coma and Apoplexy connected with suppression of urine, presence of albumen and deficiency of urea in the urinary secretion; in all cases in which albumen and urea appear to be vicarious, and where coma supervenes evidently from the accumulation of urea in the blood, viz.: in all cases of Bright's disease of the kidneys, and dropsy dependent thereon. The use of small or moderate doses of Aconite, Digitalis and Colchicum, promises ere long to usurp the place of profuse bloodletting, active purging, and other savage treatment in the dominant school.] (Peters.)

(*b*). According to Kreussler, Aconite is decidedly indicated against sanguineous Apoplexy, and almost every other remedy must yield the priority to this, which generally affords the most speedy relief. Hence, he always gives it, even in cases in which he is somewhat undecided about the proper treatment, without being fearful if it does not afford relief, of not being able to make up the lost time by some other remedy; still, he only waits a quarter of an hour for signs of improvement, which in the majority of cases become evident in the course of a few minutes.

It is most indicated in the Apoplexies of persons who present the appearance of the apoplectic habit, or constitution;

who have previously suffered with disease which can be traced to some affection of the vascular system; or who have been attacked with Apoplexy in consequence of the suppression of accustomed hæmorrhages. In these cases the head is apt to be hot, the carotids to beat violently, the skin to be warm, the pulse full, strong, hard, or labored, but not intermitting.

(*c*). [Of all the narcotic remedies, Aconite is most homœopathic to Apoplexy, as proven by the case of a young man who had incautiously chewed some seeds of this plant; he was shortly afterwards seized with a sense of numbness of the face, soon followed by complete Apoplexy, complicated with paralysis, from which he recovered with great difficulty, and with palsy of one side, with which he is still affected, now upwards of twelve months from the time of the attack.] *Dict. Prat. Med.*, p. 92. (PETERS.)

(*d*). Aconite is most homœopathic, when Apoplexy is attended with paralysis of *sensation*, rather than of motion; according to TAYLOR, (see Medical Jurisprudence, p. 225,) it proved homœopathic in one case to tremors of the muscles, a pricking sensation over the whole body, unconsciousness, followed by confusion of sight and intense headache, the skin being cold and clammy, the pulse slow and irregular, the breathing short and hurried. Also in another case, with: a sensation of swelling of the face, a general feeling of *numbness and creeping* of the skin, restlessness, dimness of sight and stupor, almost amounting to insensibility, arising from exhaustion, however, rather than from congestion; followed by speechlessness, frothing at the nose and mouth, clenching of the hands and jaws; the patient appearing occasionally as if dead, and then again reviving; cramps and *tingling* in the flesh succeeded, and he did not entirely recover for five weeks. Sir BENJAMIN BRODIE found Aconite homœopathic to staggering, excessive weakness, slow and laborious respiration, with slight convulsive twitches. CHRISTISON found it homœopathic to a gradually-increasing paralysis of the muscles, which terminates in immobility of the chest and diaphragm, and consequent asphyxia. PEREIRA thought it most homœo-

pathic to an extraordinary *diminution of common sensation*, evidenced by insensibility to pinching and pricking, there being a total absence of stupor. Dr. Fleming found it most homœopathic to weakness and staggering, gradually increasing paralysis of the voluntary muscles, slowly increasing insensibility of the surface of the body, more or less blindness from excessive weakness of the eyes, with great contraction of the pupils, excessive languor of the pulse, and convulsive twitches. Fleming also infers decidedly, that Aconite is more homœopathic to *nervous* paralysis and Apoplexy, than to sanguineous Apoplexy, as it does not occasion vascularity of any membrane to which it is applied; even the lips and tongue while burning and tingling from its topical action, do not show the least sign of redness or inflammation, and hence this peculiar effect is decidedly a *nervous* phenomenon. Fleming also found it homœopathic to warmth in the stomach, nausea, *numbness and tingling* in the lips and cheeks, extending more or less over the rest of the body, diminution of the force and frequency of the pulse, which sometimes sinks to 40 in the minute, great muscular weakness, confusion of sight or absolute blindness. In very severe cases, there may be a sense of impending death, sometimes a slight delirium, and a want of power to execute what the will directs, but without any loss of consciousness. The warmth of the skin to which Aconite is homœopathic, is a purely *nervous warmth*, being unattended with any elevation of temperature, vascularity of the skin, or acceleration of the pulse. It does not cause any true hypnotic effect, but merely drowsiness from excessive exhaustion, debility, or languor; but by inducing serenity or deadening pain it may also predispose to sleep.

According to Fleming, it is homœopathic to extreme depression of the circulation; also to an overwhelming depression of the nervous system, so severe that it may prove fatal in a few seconds, without arresting the action of the heart; and finally to asphyxia, or arrestment of respiration, the result of a paralysis gradually pervading the whole muscular system, respiratory as well as voluntary.

FLEMING also assumes that the least variable symptoms to which it is homœopathic, are: *numbness*, burning, and *tingling* in the mouth, throat and stomach; then sickness, vomiting and pain in the pit of the stomach; next general *numbness*, *prickling*, *and impaired sensibility of the skin*, impaired or annihilated sight; deafness and vertigo; also frothing at the mouth, constriction of the throat, *false sensations of weight*, *and enlargement in various parts of the body;* great muscular weakness and tremor, loss of voice, laborious breathing; distressing sense of sinking and impending death; small, feeble, irregular, and gradually vanishing pulse; cold, clammy sweats; pale and bloodless features, together with a perfect possession of the mental faculties, and no tendency to stupor or drowsiness. Slight spasmodic twitches of the muscles may be present, and probably depend, as Dr. FLEMING suggests, on venous congestion, the result of incomplete asphyxia. Stupor and apoplectic insensibility do not always preclude the use of Aconite, when they arise from the same kind of venous congestion above alluded to, but there is every reason to believe that it is more homœopathic to extreme nervous depression and faintness, than to the stupor and coma, for which they are often mistaken.

PEREIRA found Aconite homœopathic to burning and *numbness* in the lips, mouth and throat, extending to the stomach, and followed by vomiting; when the extremities became cold, the lips blue, the eyes glaring and the head covered with cold sweat; provided there was no spasm or convulsion, but some tremor; no delirium, stupor or loss of consciousness, but violent headache. In another case he found it homœopathic to such weakness and stiffness of the limbs that the patient was unable to stand; could utter only unintelligible sounds, but had no spasms or convulsions. He experienced a *strange sensation of numbness* in the hands, arms, legs, diminution of sensibility over the whole skin, especially of the face and throat, where the sense of touch was almost extinguished; some dimness of vision, giddiness, and at times an approach to loss of consciousness, but no delirium, sleepiness or deafness.

In another case, Mr. Shervin found Aconite homœopathic to sensation of swelling of the face and contraction of the throat; the patient was nearly blind, and excessively feeble, but did not lose her consciousness; although her eyes were fixed and protruded, the pupils *contracted*, the jaws stiff, face livid, whole body cold, pulse imperceptible, heart's action feeble and fluttering, and breathing short and laborious, yet she was at all times so sensible, as to be able to speak about her condition. Pereira, and Perrin, of Bordeaux, found it homœopathic to pungent pains in the limbs, cold sweating, anxiety, extreme general prostration, great slowness and irregularity of the pulse, convulsions and congestion of the whole venous system.

Ballardini found it homœopathic to great injection of the pia mater and arachnoid membranes (*congestive Apoplexy*); much serous effusion under the arachnoid, and in the base of the skull (*serous Apoplexy*); and to considerable engorgement of the lungs with blood (*pulmonary Apoplexy*). In Pereira's case it proved homœopathic to venous congestion of the head and chest; the lungs in particular being much gorged with blood. Pallas, when the lungs were dense, dark and gorged with blood, and the vessels of the brain turgid.

Of all the symptoms of Apoplexy, Aconite is most homœopathic to great and general muscular debility and paralysis; slowness of the pulse and failure of the circulation; excessive numbness and tingling; and to the severe pains in the bones, periosteum, and paralyzed parts which sometimes follow an attack of Apoplexy (see page 54).

Aconite-general muscular debility, and paralysis.

Aetius and Avicenna report, swooning and sinking together of the legs; Richard, great weakness; paralysis of one arm and leg; Matthiolus, great powerlessness, paralysis of left arm and thigh, so that all power of moving them was lost, but left hand could be moved a little; recovery of the use of the left side, but then the right became paralyzed; this paralysis was transient and affected each side alternately, thus

when the patient could lift the right arm, he could not move the left, and vice versa, but finally he recovered the control of both arms. BACON noticed such exhaustion of the strength that the patient was obliged to lie down; weakness and unsteadiness of the joints, especially of the knees; BALDRIANI: rapid prostration of strength in ten cases, with an unusual degree of exhaustion. SHERVIN: failure of the legs to such an extent that the patient fell down and had to be carried to bed. PEREIRA: trembling of the limbs, swooning. DEVAY: trembling of the legs so as to produce a peculiar, staggering gait. PEREIRA: excessive trembling, great weakness, yet with ability to walk until a few minutes before death, in one patient; while in another, the muscular debility was so great, that standing was impracticable; in animals it weakens the muscular system so much as to cause staggering in walking. HAHNEMANN: weakness and instability of the ligaments of all the joints, unsteadiness of the knees, paralysis of the rectum and bladder, transient paralysis of the tongue, loss of power in the thighs, which prevents walking, paralytic weakness of the thighs and legs, with staggering and fear of falling; in fact, many signs of paralysis of the lower portion of the spinal marrow, and of the pelvic nerves. AHNER: feeling of paralysis in the right forearm and hand while writing, disappearing after more active exercise of the limb, to return again when at rest. HORNBURG: immediate trembling of the arms and hands. RÜCKERT: trembling of the hands, great lassitude of the limbs, while walking; forty drops of the tincture produced such heaviness and weakness of the limbs, in a stout peasant girl that she was forced to lie down. ARNETH: lameness and weakness of the left shoulder-joint, weakness of the knees, so that he could not stand straight, nor walk without his knees giving way (from forty drops of the tincture). BOHM: (from twenty drops), walking and talking tired him quickly; he felt lassitude and feebleness. GERSTEL: (from ten drops), unusual but transient weakness of the legs; (from forty drops) persistent weakness of the feet, when going up stairs; (from fifty drops) lassitude of the feet. MASCHAUER: (from fifteen drops)

great lassitude; (from twenty drops) great general lassitude; (from ten drops night and morning) feverish lassitude; (from twenty drops) lassitude with chilliness; (from fifty drops) palpitation, with slow pulse, and such sudden loss of strength that he was unable to stand up; (from sixty drops) excessive relaxation. REISINGER: (from one hundred and twenty drops) *leaden heaviness of the feet, while sitting or standing;* (from one hundred and forty drops) *tottering of the legs and leaden heaviness of the feet*, so that he can scarcely move; (from two hundred drops) leaden heaviness and relaxation of the limbs; (from one hundred and sixty drops) extreme relaxation of the limbs, *tottering of the knees*, general debility, so that he was unfit to attend to his business; anxious trembling. Trembling of the limbs. General relaxation. Relaxation of the arms and thighs. Relaxation and lassitude of all the limbs. Sudden prostration of strength. Paralytic stiffness of the outside of the right arm. *Lassitude of the feet*, especially while at rest. The feet refuse their office. *Trembling of the legs.* Sensation as if the ligaments of the joints had given away. DIERBACH: extraordinary sensation of weakness and lassitude.

Aconite-failure of the circulation, has already been sufficiently alluded to. (See page 57.)

Aconite-numbness and tingling.

BRODIE: singular numbness of the lips. CHRISTISON: numbness and prickling from chewing a single seed; tingling in the jaws, extending subsequently over the whole body. DUNGLISON: one or two grains of Aconitine to a drachm of alcohol or lard, if rubbed for a minute or two on the skin, causes heat and prickling, followed by a sense of numbness and constriction, as if a heavy weight were laid upon it, or as if the skin were drawn together by the powerful and involuntary contraction of the muscles beneath; this lasts from two to twelve hours or more. DIERBACH: the leaves, roots and seeds if chewed, occasion a violent burning in the tongue and lips which lasts for many hours, and is attended with a peculiar feeling of numbness. VOGT: large doses excite a peculiar

sensation of numbness and heaviness in the stomach, pharynx, tongue and neck. Bacon: Tingling heat in the tongue and jaws, which gradually extended farther, until it involved the whole body, especially the extremities. Shervin: piercing and prickling in the arms and fingers, then numbness in the shoulders, tongue and mouth, finally in the thighs and feet. Devay: Insensibility of the palms of the hands, so that deep pricks with a needle were not felt. Pereira: burning and numbness of the lips, mouth, and throat; in another case: some burning and numbness of the lips, mouth and throat; curious sensations of numbness in the hands, arms, legs; sensibility of the body was greatly impaired, so that face and throat were almost insensible to touch. Taylor: burning in mouth, throat, œsophagus, and stomach, general feeling of numbness and creeping in the skin, tingling in the flesh. Pereira: Aconite destroys common sensation, without causing stupor: a dog under its influence will sometimes follow his owner around the room, recognize him by wagging his tail, and yet be totally insensible to pinching, pricking with needles, &c.; in ten minutes a dog has been rendered insensible to the pains caused by the introduction of pins into his legs, paws, body, tail, nose, &c. Hahnemann: Pricking sensation upon the tongue, and throat; crawling sensation in the fingers, cheeks, and chest; scrabbling in the chest as if from bugs; crawling and itching of the skin. Homburg: Crawling and pricking on the left side of the head, as if caused by a hair brush; crawling in the fingers, even while writing. Gerstel: (from twenty drops) Prickling and biting in the eyelids; crawling in the cheeks; pains in the left side, especially in the thigh and arm, which pass over into numbness; minute piercing, drawing, and prickling in the left upper and lower jaw, in the right molar teeth, in both shin-bones and arms, and especially in the left side of the nape. Prickling, pricking-burning sensations in the skin in various parts of the body, attended at times with a sense of heaviness, numbness, or swelling. Reisinger: (from five drops) slight crawling with sense of warmth in the left fingers; (60 drops) prickling and burning upon the tongue; (80

drops) numbness from the sacrum down to the legs, while sitting or standing; it seemed as if his feet fell asleep, or as if an attractive power held them fast to the earth; this feeling disappeared instantaneously while walking, but returned again as soon as he stood still, or sat down; falling asleep of the right foot, while walking; a sense of boiling and simmering through the body, as if the hands and feet would fall asleep; (160 drops) a kind of numbness spread itself from the teeth, over the jawbones to the external angle of the eye, and then almost over the whole body; (from 108 drops) numbness of the lower limbs, especially of the feet, even while walking, so that he was often obliged to stand still, in order to get rid of this unpleasant sensation by moving his feet to-and-fro. WATZKE: sensations not unlike those produced by a pretty large electromagnetic apparatus; prickling in the forehead, back, sides of the chest, fingers, backs of the hands, and other parts of the body, as if he stood upon the isolating stool of an electrical machine, and sparks were drawn from him. Tickling in various parts of the muscles, especially of the forearms, as if one held the conductors of an electrical apparatus in the hands. ZLATAROVITCH: Over the whole body a peculiar sensation, comparable with that felt when steam falls rapidly upon one in a steam-bath, and one feels the drops upon the skin; crawling over the scalp; falling asleep of the feet; crawling and creeping (from 150 drops) over the whole body, attended with a troublesome rather than a violent chilly sensation, first in one place, then in another, but most marked in the arms and legs; formication in the scalp, down the back, and over the arms and thighs; *numbness of the fingers and toes;* (from 170 drops) creeping and crawling in the skin, over the whole body, and at the roots of the hair; a constant crawling and creeping, especially in the right leg, with the sensation at times, as if the cuticle were separated from the true skin by a thin layer; (from 200 drops) chilliness and formication, especially between the shoulders and down the back, increased by motion; numbness and coldness of the fingers and toes; *the scalp feels as if swollen and numb;* creeping and crawling

again over the whole skin; creeping and biting over the whole skin, first here then there, as if from fleas.

Aconite-nervous, and -rheumatic pains.

Vogt (see Materia Medica) says: After great restlessness comes relaxation, diminution of pulse and heart-beats, the head becomes confused, and often very painful, the face puffed up and livid, while pains set in, in the limbs, *especially pains in the bones and joints.* Sobernheim (see Materia Medica) says: It causes painful sensations in the bones and joints, which disappear after the breaking out of a profuse sweat and abundant flow of urine, and adds that it differs from Conium by its more prominent action on the fibrous system, as is evident from the bone- and joint-pains which it causes. Harnisch: It causes painfulness and trembling of the limbs, especially of the legs, and the patient suffers from the most violent pains in the bones and joints. Küttner: General painfulness of all the joints not unfrequently arises, after the use of large doses of Aconite. Claudius Richard's case of poisoning, is probably the source of the above old-school writer's information, he says when the delirium passed away, the patient complained of pain in the stomach and head, in the jaws, chest, and here and there in the joints; after the lapse of seven hours, *all his joints were painful.* Matthiolus, noticed such violent pains in the jaws, that the patient held fast to them in the fear that they would drop off. Pereira: trembling and formication in the limbs, attended with piercing pains. Hahnemann: aching compressing pain in the sides of the chest; pain as if bruised in the sacro-lumbar joint; *rheumatic pain in the nape, only felt when moving the head;* drawing piercing pain in the bones of the forearm, piercing pain in the right side. Ahner: violent piercing, boring pain for two hours along the whole left side of the spine down to the sacrum, so much increased by inspiration, that it repeatedly forced tears from him (rheumatism of the spinal muscles or ligaments). Dr. Gerstel says that the most of the pains experienced by Ahner, were of a piercing-boring character, which points to an affection of the

periosteum, or of the fibrous aponeuroses of the muscles; the rending and drawing pains are probably seated in the muscles themselves. Wahle: burning, biting pain in the right side of the spine; aching pains to the left of the cervical vertebræ. Arneth: (from 40 drops of tincture); pain and sense of shortening in both tendo-achilles lasting for twenty days, preventing the free use of the feet, and depending according to Dr. Gerstel, upon a slight inflammation of the tendons. Gerstel: (from eight drops,) Bruised feeling in the nape, when moved, especially in the evening and at night; (from 10 drops) pain in the nape again; (from 16 drops) same pain in the nape again); (from 40 drops) pain in the nape during the whole day; sensation of swelling of the whole body, especially of the left side, attended with various pains, such as bruised feeling in the muscles, bruised or aching sensation in the bones, first in one, then in another rib, then in the left arm; pain in the bones around the ear; constant penetrating piercing about the left wrist; constant pressing pain in the left shoulder, in connection with a drawing, and *numb feeling in the left side of the occiput*, and in the posterior surface of the left arm, followed at a later period by a bruised feeling in these parts, especially in the arm (from 40 drops); drawing pain in the right side of the nape. Wachte: (from 20 drops) bruised pain in the sacrum; stiffness, with bruised pain in the left side of the neck, extending beyond the left shoulder-joint to a portion of the back, aggravated when in bed, and lying down, relieved in the free air, and by motion, lasting three days, alternating at times with similar feelings in the arms and legs, then suddenly returning to its original seat in the back, (this reminds one of wandering rheumatism, or spinal irritation). Wurstl, it is a little remarkable, although predisposed to rheumatic affections, experienced none while using Aconite, though he took it in divided doses, for six months. The homœopathicity of Aconite to numbness, paralysis, and the severe pains which often attend apoplexy has been made abundantly evident. Peters.

CASE 1.—A maiden, aged 20, of blooming health but apoplectic habit, being extremely plethoric, although subject to profuse menstruation, was attacked with Apoplexy after sudden fright and vexation.

Symptoms.—She fell down in a death-like state; her breathing was slow and stertorous; her face andbody corpse-like, marbled with livid and violet spots; her pulse could not be felt; her heart beat slowly and tremblingly; her pupils were insensible to light; urine was passed involuntarily, and her limbs were cold and stiff.

Treatment and result.—Aconite, 1st dilut., cold applications to the head, and dry, warm clothes to the body and limbs. After taking five doses of Aconite, 1st dilut., one dose every quarter of an hour, she gave signs of life; then Aconite was given every one, or one and a half hour, and at the end of eight hours life and consciousness were restored, but the whole left side was paralyzed, the left arm and foot being cold and incapable of making the slightest movement; her speech was stuttering; her tongue was drawn to the right side, when it was put out; she was deaf in the left ear, and had roaring noises in it, and in the whole head; the lips of the left side scarcely moved in breathing; the breasts were cold to touch, and retained the impression of the finger.

One drop of Aconite, 3d dilut., was now given every two hours, and in the course of thirty hours her whole condition was improved, with the exception of the loud roaring in the head, and the paralysis of the limbs.

Opium, 1st dilut., was given in drop doses every six hours, and on the fourth day of the disease the congestion of blood to the head was relieved, her speech could be understood, the tongue could be put out in a straight line, and she began to move her limbs. Opium 6, one dose every twelve hours, enabled her to leave her bed on the sixth day. Arnica 3, one drop daily, removed a remaining swelling of the left foot and paralytic weakness of the knee, in the course of ten days. —Gen. Hom. Journal, vol. 1, p. 66. (STURM.)

CASE 2.—A robust man, aged 64, with short neck and broad shoulders, much given to excesses with wine and women, was attacked with sanguineous Apoplexy, with all the signs of departing life.

After the use of Aconite, 1st dilut., one drop every hour, signs of returning animation ensued; then Aconite 3, every three hours, and cold applications to the head were used with such good effect, that in twelve hours consciousness was entirely restored, with warmth of the body, mobility of the upper limbs, but paralysis of the *lower*, and also of the bladder and rectum. He complained of great pain in the loins and back. Nux vom., 6th dilut., followed by the 15th dilut., repeated every twelve or twenty-four hours, restored him perfectly in ten days.—Ibid., p. 67. (Sturm.)

CASE 3.*—A lady of full habit of body, laboring under well-marked enlargement of the heart, was very subject to congestion of the head; for this she had always been cupped and purged, and such attacks were apt to occur three or four times a year. She derived some benefit from my prescriptions, as regarded the heart; but when one of these attacks threatened her, her confidence was much shaken, and with difficulty her scruples in favor of cupping were overcome. The attacks came on with sensation of great fulness and heat in the back of the head, giddiness, stiffness of the nape of the neck, roaring noises in the ears, flushing of the face, and full, bounding pulse.

Treatment.—Aconite, 3d dilut., for a few hours, followed by Belladonna, speedily gave relief; in some attacks Lachesis was more useful than Bellad.—Brit. Jour. Hom., vol. 5, p. 49. Dr. Black.

CASE 4.*—A commercial traveller, aged 35, with short neck and stout body, had returned the night before from one of his circuits, and had for some days previously indulged in eating and drinking too much, although not habitually intemperate. His breathing was so stertorous through the night as to alarm his wife; he was unable to stand or sit up, his eyes were prominent, his face turgid, and of a sub-purple color;

he complained of great fulness in his head, of dimness of sight, and giddiness; his pulse was slow and labored, he was aroused with difficulty to answer a few questions, his breathing was oppressed, in fact an apoplectic seizure seemed most imminent. I bared his left arm to look at his veins, it being my opinion that he must lose blood; but I then observed on his wrist an immense malignant carbuncle, very much raised above the surface, blue and turgid. The sight of this made me pause; the carbuncle, according to allopathic treatment, required generous diet, bark, &c., while the threatened Apoplexy demanded the lancet; I gave him Aconite, 3d dilut., a dose every hour, and in a few hours I was sure that the danger was over, for his eyes were less fixed and prominent, his face had a more natural expression, the breathing was greatly relieved, and the pulse more free. The Aconite was continued with directions to take it only every two hours, if he should improve much. The next day the danger of Apoplexy had passed away, but the tumor on the wrist seemed gangrenous, and a deep slough was to be expected. He took Aconite and Lachesis, 7th dilution, alternately every two hours; on the second day his pulse and breathing were natural, he had slept calmly, the carbuncle had improved, as it had shrunk considerably, and was now of a pale brown color. On the seventh day he was able to go out, as there was only a healthy-looking circular sore of the size of a shilling on his wrist, and that healed perfectly in a few days more.—Brit. Jour. Hom., vol. 5, p. 50. Dr. Chapman.

CASE 5.*—A lady, aged 30, in delicate health, from strong mental excitement was suddenly seized with dizziness, and confusion of thought, but shortly afterwards recovered so far, as to be able to converse; in the course of two hours more, however, she fell into a state of stupor, which gradually became confirmed, and in which she continued for nearly a fortnight, during which period she frequently had severe convulsive paroxysms, which affected only the left side of the body, the right being completely paralyzed. I had almost relinquished hope in this case, but homœopathy triumphed

over the disease, although the constitution of the patient was exceedingly delicate.

Treatment and result.—Under the use of Aconite, Bellad., Ipecac. and Cocculus, the patient gradually recovered her faculties; and although the paralyzed limbs were not immediately restored, yet in about three months afterwards almost every trace of this most serious illness had disappeared.—Dunsford, p. 108.

CASE 6.*—W. D., aged 31, stout built, florid complexion, works at a furnace, but is very temperate; has been liable to dizziness off and on for years, and has been bled for it; has now been suffering for a month, and is forced to leave his work.

Symptoms.—He complains of a hard, thumping, plunging pain in the head, attended with dizziness and swimming; he is worse on lying down, when everything seems to run around, and he sees sparks flying before his eyes; his sleep is disturbed and unrefreshing; his appetite very bad; pulse not much accelerated.

Treatment and result.—Aconite 2, directly, and repeated three times a day; followed by Bellad. 12, in 6 hours. On the third day he was better, but still felt badly when lying down, especially on waking from sleep; his pain was now chiefly in the back of his head. Took Bryonia, three times a day, and in three days more was much improved, had slept soundly for three nights, no dizziness or swimming, eye-sight clearer, but still felt very weak, and had no appetite. China 3, once a day; in two days more felt stronger, appetite was good and head seemed right; was quite restored in three days more.—Yeldham, p. 176.

CASE 7.—A man, aged 40, light blond, but with much color; healthy, but formerly accustomed to be bled, had not been bled for four years.

Symptoms.—Had suffered for four weeks with attacks of general heat, with redness of the face, perspiration, and violent dizziness, so that he was obliged to sit down; 'lasting for two

hours at a time. Latterly, he has had two such attacks, attended with vomiting, and great weakness; his walk was unsteady and slow.

Treatment.—After taking six doses of Aconite, 3d dilut., one drop night and morning, he was entirely restored.—Gen. Hom. Jour., vol. 32, p. 228. Dr. Lemke.

CASE 8.—A young man of apoplectic habit, suffered from frequently-returning attacks of dizziness, with roaring in the head; he was often affected with transient loss of consciousness, and was obliged to hold on to something to prevent his falling.

Aconite, 3d dilut., one drop per dose, daily, cured him entirely.—Hygea, vol. 5, p. 102. Dr. Schroen.

CASE 9.—A lady, aged 43, was attacked with vertigo, after a fright, recurring whenever she attempted to rise, with great anxiety, and feeling as if she would die, so that she was obliged to lie down again. After the fright she had a feeling of turning in the stomach, ascending up into the head, and attended with trembling, faintness, and dizziness.

Treatment.—Aconite, 15th dilut., followed by two doses of Opium, 9th dilut., relieved her entirely.—Annals, vol. 1, p. 72. Bethmann.

Dose. The 1st dilution was used successfully in two instances; the 2d dilution in one case; the 3d dilution, in six instances; the 15th in one case, while Dr. Kreussler prefers the 15th or 18th. The very high dilutions do not seem to have been trusted to in any case, of so severe a disease as Apoplexy. Noack prefers 1 or 2 drop doses of the 2d dilution every half, one, two, or four hours. In very acute and severe cases, 3 or 5 drops of the tincture, or of any of the above dilutions which may be preferred, may be put in a tumbler half full of water, and a dessert- or tablespoonful given every five, ten, or fifteen minutes in very urgent cases, or every half, one, or two hours, in less dangerous attacks. Or, six globules may be dissolved in a wine-glassful of water, and one teaspoonful given as often as above recommended; or two or three globules may be given dry upon the tongue, at the same intervals of time. It is rarely used in chronic cases. Peters.

2. AGARICUS.*

General Remarks.—[Dr. Black suggests Agaricus as homœopathic to some varieties of Apoplexy, because the proving of *Agaricus muscarius*, by Hahnemann shows symptoms approaching to those of complete Apoplexy.

A man who ate of Agaricus campanulatus, mistaking it for A. campestris, was suddenly seized ten minutes after commencing his repast, with dimness of vision, giddiness, debility, trembling, and loss of recollection. In a short time he recovered so far as to be able to go in search of assistance; but he had hardly walked 250 yards when his memory again failed him, and he lost his way. His countenance expressed anxiety, he reeled about, and could hardly articulate; his pulse was slow and feeble; he soon became so drowsy that he could be kept awake only by constant dragging; an emetic was administered and the stupor gradually went off.—Brit. Jour. Hom., vol. 5, p. 54.

A remarkable set of cases of pure narcotism has been related by Dr. Peddie. In half an hour after eating *Agaricus procerus*, an elderly man, and a boy of 13, were attacked with giddiness, and staggering as if they were intoxicated; in an hour they became insensible, the man indeed so much so, that for some time he could not be roused by any means; when sensibility was in some degree restored by means of emetics and powerful stimulants, occasional convulsive spasms ensued, and afterwards furious delirium, attended with frantic cries and vehement resistance to remedies, all followed by a state like delirium tremens. The pupils were at first much *contracted*, afterwards considerably dilated as sensibility returned; and in the boy, contracted while he lay torpid, but dilated when he was roused. In neither instance was pain felt at any time. Another boy, who took a small quantity only, had no other symptoms but giddiness. drowsiness, and debility.

A singular form of the narcotic effects occurred in the case of a boy of 14, who had eaten of the *Agaricus panterinus*, near

Bologna. In the course of two hours he was seized with delirium, a maniacal disposition to rove, and some convulsive movements; ere long these symptoms were succeeded by a state resembling coma in every way, except that he looked as if he understood what was going on, and in point of fact, he really did so.

The *Amanita citrina* caused vomiting, followed by deep sopor, in a lady, servant, and one child; her other children became profoundly lethargic, and comatose.

The effects of the small mouse-colored, conical fungus, called *paddock stool*, or *Hypophyllum sanguineum*, are still more peculiar; it is homœopathic to convulsions, as well as sopor; in a family of six persons, four of whom were children, it caused pain in the pit of the stomach, a sense of impending suffocation, and violent efforts to vomit; which symptoms did not commence, in any case, under twelve hours after partaking of it, in one not till twenty hours, and in another, not till thirty hours. One child had acute pain in the belly, which soon swelled enormously; afterwards he fell into a lethargic sleep, but continued to cry; in twenty-four hours the limb became affected with permanent spasms, and convulsive fits, followed by a tetanic state. Another child, aged 10 years, had convulsions of still greater violence. The mother had frequent bloody stools, and vomiting, her skin became *yellow*, the muscles of the abdomen were contracted so spasmodically, that the navel was drawn towards the spine; profound lethargy, and general coldness supervened. A third child had trembling, delirium, and convulsions. The father had a severe attack of dysentery for three days, and remained speechless for five days.

A striking circumstance, in relation to the effects of these fungi, is the great durability of the symptoms; even the purely narcotic effects have been known to last over two days; a deep lethargy may prevail for fifty-two hours.

In five cases, mushrooms produced a kind of tertian fever and the formation of abcesses, which discharged a thin, ill conditioned pus, and passed rapidly into spreading gangrene.

Pathological appearances: Lividity of the body, very great fluidity of the blood, abdomen distended with fetid air, excessive enlargement of the liver, congestion of the lungs, vessels of the brain very turgid.

The *Agaricus muscarius* is homœopathic to enormous distension of the sinuses of the dura mater, as well as the arteries with blood; scarlet color of the arachnoid and pia mater; excessive engorgement of the vessels of the membrame between the convolutions of the brain, together with the Plexus choroides; redness of the substance of the brain; clot of blood as big as a bean in the cerebellum. CHRISTISON. P.

Dose. No cases of Apoplexy treated with Agaricus have yet been reported. Noack prefers 1 or 2 drop doses of the 2d or 3d dilution, repeated as often as occasion requires. The same doses as those directed for Aconite, may be used. It is most serviceable in acute cases, or in acute aggravations of chronic attacks. PETERS.

3. ARNICA MONTANA.

GENERAL REMARKS.—[This remedy, too, is beginning to find some favor in the dominant school, in the treatment of apoplexy, or its consequences. It has long been supposed to possess the power of promoting absorption of extravasated blood—SOBERNHEIM asserts that it facilitates the circulation of the lymph, increases the absorbent powers of the whole lymphatic and venous systems—hence its well-known efficacy in extravasations of blood from mechanical injuries, viz.: from falls, blows, concussions, and rupture of blood-vessels; for these reasons it has also received the name of *Fall-Kraut*, and was admitted as an ingredient of the Thea Helvetica, or Thé Suisse of the French Codex, for wounds, bruises, &c. TABERNÆMONTANUS, once physician to the Churfurst Von Plalz, says that in olden times it was customary, in Saxony, for persons who had fallen, or injured themselves, to use this remedy; it also came into use in the town of Danzig, but as it did not grow in that neighborhood, it was imported in casks from Lower Saxony.

Besides its absorbing powers, the root of Arnica, from its

Tannin-like properties, is supposed to exert an astringent action upon asthenic and profusely-secreting mucous membranes, and to check passive hæmorrhages, such as asthenic dysenteries, scorbutic, septic, and petechial fluxes.

As an absorbent remedy, it was used, and highly recommended in *Arachnoiditis infantum*, by the celebrated Golis, of Vienna—he had the head of the child bathed with Arnica, when signs of effusion, or of a sub-paralytic state of the brain came on—and regarded it as a main remedy in concussions of the brain or spinal marrow, in sanguineous, or serolymphatic exhudations from contusions, falls, blows, concussions, &c.

It must prove as useful in the apoplexies of debilitated persons, as it has often done in the stupor and coma of typhus and typhoid fevers. Vogt recommends it in asthenic fevers, attended with indifference to everything, dejection of spirit, sleepiness, dull unconcerned look, or when there is sopor, or even stupor and other signs of a suppressed, sunken, torpid, or paralytic state of the nervous system. Also in typhus fever, when blue or brownish petechiæ are present, oppression and sluggishness of the vascular system, torpid state of the nerves, and when the skin is cool, thick and flabby. Sobernheim also recommends it strongly in typhus fever, when there is great prostration, dulness of the senses, typhous hebetude of the brain, with muttering delirium and sopor; tongue trembling, cracked and black, the look inexpressive, and the eyes staring —in typho-septic affections, when attended with colliquative hæmorrhages, passive sweats, decubitus and septic meteorism. The following are the celebrated Stoll's indications for the use of Arnica in fevers—great weakness, slow pulse, dry tongue, or coated with much sordes, especially if the patient be dull and sleepy, hears badly, has a slight delirium, and a miliary eruption, or petechiæ show themselves.

In addition to all this, the careful use of Nux-vomica has been found useful in both schools, in some of the torpid and paralytic states which follow apoplexy—too frequently the incautious use of Nux and Strychnine in the hands of old

school physicians, causes great irritation and mischief, but fortunately, according to A. T. Thompson, the flowers of Arnica contain a small portion of Igasaures strychnion, and experiments upon, and accidents to the healthy, have proved that some of the effects of Arnica are similar to those of Nux-vomica and Strychnine—and hence it is much more safe in the earlier stages of paralysis from apoplexy, than these remedies; it promotes the absorption of the apoplectic clot, which Nux and Strychnine do not, and acts, perhaps, quite as powerfully, and certainly much more safely than Mercury, in promoting absorption of effused blood, and serum; it tends to check hæmorrhage, while Mercury dissolves the blood, and perhaps favoring increased bleeding.

Again, Arnica has been admitted, and decreed to act like the nervines, exciting and giving strength in certain regions of the nervous system; and used to obviate the incautious, and too hasty use of stimulants in apoplexy with great depression.

Of course it cannot now be a matter of surprise, that Arnica should have been found useful in some forms of apoplexy and paralysis. The oil of Arnica is said to have done wonders in the hands of Schneider in old apoplexies, even after several attacks had occurred; when a new attack was about setting in, he gave ten drops of Oleum arnicæ at once, with admirable effects. Another old physician kept at bay upwards of thirty attacks of apoplexy; a priest who had had no less than four attacks of nervous or congestive apoplexy, prevented all recurrence for six years. It has been particularly recommended against the congestions of the head, and threatened apoplexies, which so often attend the cessation of the menses in women.

Notwithstanding all this, it will be very easy to prove from the distinguished old-school writers on the Materia Medica, from whom the above observations have been obtained, viz.: from Dierbach, Sobernheim, Vogt, Ables, Mitscherlich and others, that Arnica, is more or less homœopathic to some of the symptoms, or forms of apoplexy. Dierbach says it not unfrequently causes a sensation of formication, and a prickling,

piercing, spasmodic feeling, which may be compared with that produced by slight electric shocks—also headache and vertigo. SOBERNHEIM says it may produce hebetude and heaviness of the head, formication, anxiety, flow of blood to internal parts. VOGT says it may affect the whole organism, especially the brain and spinal marrow, and cause vertigo, stupefaction and hebetude of the head, glittering before the eyes, roaring in the ears, anxiety, pusillanimity, oppression at the pit of the stomach, and inability to hold ourself upright; at a later period it may cause increased action of the pulse, violent congestion, especially to the head and chest, formication, prickling, and piercing sensations, with trembling, and subsultus.] PETERS.

CASE 10.—A man, aged 72, after having complained of dizziness, fell suddenly to the ground, struck with apoplexy; he was inconscious, his jaw dropped, the limbs on the *left* side were perfectly paralyzed, and without feeling; he stammered inarticulate and incomprehensible words; and pointed to his head with his right hand; his pulse was strong and full, intermitting every seventh beat; and his face was flushed.

Treatment.—After taking 2 doses of Arnica, he was able, in the course of twelve hours, to speak more plainly, could move his jaw, swallow better, his consciousness returned, and he felt a creeping or crawling in the paralyzed limbs; the redness of his face had disappeared. Nux-vomica, was now given for fulness and torpor of the bowels, and heaviness of the head; on the following morning his bowels were relieved, his head more clear, speech more sonorous, and he began to move his paralyzed limbs.

Archiv, vol. 14, part 1, p. 128. Dr. SCHULER.

CASE 11.—A man, aged 53, of medium stature, with a short neck, otherwise healthy, but fond of whiskey, had had an apoplectic attack for which he had been bled. After the lapse of several days, he remained in the following state:

Symptoms.—He awoke at night in order to swallow much fluid which had accumulated in his mouth; followed by shiv-

ering, stretching and yawning, recurring every half hour, without his being conscious of it; during the day he complained of aching in the forehead, roaring in the ears, vertigo, sparks before the eyes, and illusion that some one attempted to put something into his mouth; his limbs felt as if bruised; his legs were cold; cold shiverings ran through his body; his pulse was moderately strong, labored, beating 60 per minute, and at times irregular. He had an outbreak of nettlerash, with itching, and burning upon the skin.

Treatment and result.—One dose of Arnica 30, 2 drops, repeated on the second day, relieved him entirely by the third day. Five months after he had a similar attack, followed by eructations at night, hiccough, with rumbling and rattling in the bowels; attacks of rigidity, with dull, staring look, and loss of consciousness for one hour, followed by coughing, with cold sweats, and bad odor of the breathing. Such attacks recurred several times, but in a slighter degree. On the next day he had aching in the forehead, eructations, thirst, and nettlerash as before; his pulse was small and slow. He took Arnica 1, 1 dose of 1 drop, and all his symptoms ceased, and did not return again.—Hygea, vol. 8, p. 149. Dr. Käsemann.

CASE 12.—A Teacher, aged 37, had had an attack of apoplexy five years before, since which time he had been annoyed with great forgetfulness; he forgot his train of thought, and whatever he read escaped his memory very quickly.

Several doses of Arnica 3, cured him entirely.—Hygea, vol. 8, p. 34. Käsemann.

CASE 13.—Dr. Frank refers to sixteen cases of Paralysis and Apoplexy, arising from mental emotions, and mechanical causes, occurring in patients of various ages and sexes, most of whom had been treated fruitlessly with bloodletting cured by drinking of an infusion of Arnica, half or one ounce of the flowers, to one pound of water, aided by the alternate or subsequent use of Extract of Aconite. Attomyr.

Dose. In Rückert's cases the 3d and 30th dilutions were used. Noack prefers 1 or 2 drop doses of the pure tincture, or of the 1st or 2d dilution, repeated every one, two, four, six, or eight hours, according to the urgency of the case. If preferred, globules may be dissolved and given as directed for Aconite; or given dry upon the tongue, in the same quantities, and at the same intervals of time, as there recommended. Arnica is useful against the first shock of apoplexy, before reaction has taken place; also after the first force of the disease has been moderated by Aconite and other remedies; and finally in the latter stages of the disease, to promote absorption of the clot, and to remove paralysis. PETERS.

4. BARYTA.

GENERAL REMARKS: [Baryta has been supposed to possess a peculiar curative relation to dulness of intellect, softening and other morbid states of the brain, either when preceding, or following an attack of Apoplexy. Also against the almost idiotic condition which follows Apoplexy. According to NEUMANN, the Muriate of Baryta is an admirable curative remedy against many affections of the brain, and irritations of the cerebellum, or Apoplexy of this latter organ, when the sexual inclination is very much increased. Many old-school writers assume that it is a liquefacient or absorbent remedy; assert that it improves the appetite, increases the flow of urine and perspiration, and causes looseness of the bowels; that with no other more obvious symptoms than these, glandular swellings, enlargements, indurations, thickenings, &c., will become softer and smaller, and finally disappear; and hence the inference has been drawn, that it might also liquefy and dissolve apoplectic clots, and finally absorb or remove the softened mass.

It is very easy to prove, from the same authorities, that it is more or less homœopathic to some of the varieties, or at least symptoms of Apoplexy. PEREIRA found the Carbonate of Baryta homœopathic to dimness of sight, double vision, ringing in the ears, pain in the head with throbbing, and palpitation of the heart. He also says that it is homœopathic to decided staggering, great muscular weakness, almost amounting to paralysis, with trembling; also to pain in the head

with deafness. It is suited to some of the after-effects of apoplexy, viz., when a febrile state sets in, with dryness of the tongue, giddiness, debility, and some pains in the legs and knees, with cramps in the calves of the legs.

Christison adds his testimony to the homœopathicity of Baryta to brain-affections; he says that its remote effects are indicated by narcotic symptoms, and that this narcotic action is more decided and invariable in its occurrence, than in the case of any of the other metallic remedies. Gmelin noticed that it causes strong signs of action upon the brain, spine and voluntary muscles. Blake and Campbell found it homœopathic to languor, slow respiration and feeble pulse, to excessive muscular debility, amounting to absolute paraplegia of the limbs, lasting twenty-four hours, and then gradually going off. Campbell always found it homœopathic to congestion of the brain and its membranes, and in one case the Baryta post-mortem appearances were precisely those of ordinary congestive Apoplexy; it is most indicated when there is thick, dark blood in the vessels of the dura mater, in those of the brain and cerebellum; and when the falciform and lateral sinuses, the plexus choroidei, and the ventricles of the brain are filled with blood.

Noack (see Jahr's Symptomen-Codex, translated by Chas. J. Hempel) says, Baryta is particularly suitable for aged persons with mental or physical debility; in Marasmus Senilis marked by childish, thoughtless manners; in disorders of old persons characterized by groaning and murmuring, fixed pupils, dim and reddened eyes, circumscribed dark redness of the cheeks, cold hands with blue spots on them, weak pulse which may be either quick or slow, frequent micturition, constipation, and weakness which obliges one to walk, or sit very much bent over. In the apoplectic affections of drunkards, when the mouth is distorted, the tongue paralyzed, the voice hoarse or indistinct, with partial paralysis of one or the other arm, but the consciousness remains pretty clear. In the Apoplexies of old people and drunkards, and in organic affections, and tubercles of the brain. Noack also gives an admirable de-

scription of the despondency, pusillanimity, weakness of mind and irresoluteness to which Baryta carb., is so homœopathic. It should not be forgotten when the patient is troubled with forgetfulness, dulness, gloominess and heaviness of the head, with drowsiness; and with vertigo, headache and nausea.

The specific action of Baryta upon the cerebellum, as conjectured by NEUMANN, is fully borne out by a reference to the Materia Medica Pura. It is homœopathic to pressure in the brain below the vertex, extending towards the back of the head, most severe on waking from sleep, and attended with stiffness of the nape of the neck, probably from pressure on the twelfth pair of nerves; also to dull aching pain in the right side of the back of the head, extending from the bones of the neck obliquely to the side of the head, and recurring regularly at 4 o'clock, P.M., for several days in succession; sense of weight in the whole back of the head, close to the nape of the neck, with tension; sudden and intensely-painful drawing pain, extending from the back of the head across the right ear, as far as the lower jaw; tearing pain in the left side of the occiput; rheumatic pains in the back bone of the head, with swelling of the glands of the nape, so as to compress the blood-vessels; tearing pains, shooting deep into the brain behind the right ear. Dull stitches in the left side of the head from the occiput to the forehead. Pain with feeling of fulness and distension, commencing in the left side of the head, traversing the whole left side of the occiput, and terminating in the bones of the neck. Throbbing in the occiput, the impulse of which is felt as far as the forehead. Considerable rush of blood to the head, so that the blood seems to stagnate in it, and circulate slowly; whizzing in the head as if from boiling water; heaviness and heat in the head.

Slowness of the pulse is very common in Apoplexy, and BLAKE found Baryta homœopathic to depressed arterial action; two grains, injected into the veins, completely arrested the heart's contractions in twelve seconds.

In one case it was found homœopathic to dimness of vision, followed by double vision, ringing in the ears, pain in the

head, throbbing in the temples, and violent palpitations; the skin was hot and dry, the face flushed, pulse 80, full and hard; sleeplessness from pain in the head and ringing in the ears, followed by profuse perspiration; then cramps in all the limbs, with a sense of weight in them, and soreness to the touch; severe pain in the head, with great and long-continued palpitations.

Wilson also found it homœopathic to severe headache, throbbing in the temples, frequent and long-continued palpitations, abnormal vision, ringing in the ears, cramps, pain, sense of weight, and numbness in the limbs.

In another case it proved homœopathic to twitching of the muscles of the face, and convulsive jerking of the hands and feet. It is also decidedly homœopathic to Apoplexy, arising from, or attended with great disturbance, or inflammation of the stomach and bowels; to brain affections from inflammation of the peritoneal coat of the stomach; from ulceration of the stomach, especially when the ulcer assumes the perforating form; and when the colon is contracted throughout its whole extent, so that its calibre is more than one-third less than that of the small intestines in their natural state.—Peters.]

(*b.*) According to Kreussler, Baryta carb. 30, is indispensable in the apoplectic affections of old, cachectic persons, of scrofulous constitution, especially when gouty derangements are also present.—Kreussler's Therapeutics, p. 129.

CASE 14.—An old man, aged 84, remained in the following state, on the third day after an attack of Apoplexy.

Symptoms.—He sat crooked and helpless, unable to speak an intelligible word, or to put out his tongue; he was unable to think clearly; his manners were childish and thoughtless; he was drowsy, but his sleep was disturbed, and attended with groaning and muttering; his pupils were sluggish, his eyes dull and somewhat reddened; there was a circumscribed, dark redness upon his cheeks, his hands were cold and mottled with blue spots; his pulse was weak, and rather quick; he was troubled with frequent urination, and constipation.

Treatment.—Baryta acet., 1st and 2d dilut., restored him after 3 doses had been taken.—Hufeland's Journal. Dr. MESSERSCHMID.

CASE 15.—An aged drunkard was attacked with Apoplexy, after taking cold.

Symptoms.—Speechlessness, with paralysis of the tongue; the mouth was drawn to one side; the *right* arm could not be moved by any exertion of the will, although he seemed conscious.

Treatment.—Baryta, 30, effected a cure in the course of forty-eight hours.—Archiv, vol. 15, part 1, p. 103. Dr. GROSS.

CASE 16.—HARTMANN thinks that Baryta is the principal remedy in paralysis of old people, especially when it remains after an apoplectic fit, and refers to a case in which it did more good than Causticum or Stannum. (See Hartmann's Acute and Chronic Diseases, translated by Dr. C. J. Hempel, vol. 4, p. 7.)

Dose. Messerschmid preferred the 1st and 2d dilut.; Gross and Hartmann, the 30th. Noack advises grain-doses of the 1st, 2d, or 3d trituration to be given dry upon the tongue, once or twice a day in chronic cases; or 1 or 2 drop doses of the 1st, 2d, or 3d dilutions. If preferred, 2 or 3 globules may be given, per dose, dry upon the tongue; or 5 globules may be dissolved in a wineglassful of water, and 1 or 2 teaspoonfuls given at a time. Baryta carbonica is only suitable in chronic, or sub-acute, or slow cases; while Baryta acetica and muriatica may be used in acute cases, and given in doses as large, and as frequently repeated as those recommended for Aconite. PETERS.

5. BELLADONNA.

GENERAL REMARKS.—[It proved homœopathic in a case with vertigo, faintness, and dimness of sight in a lady, so that she had to keep her bed all the next day—for thirty or forty hours she could not lift her head from her pillow without experiencing a strange and disagreeable sensation. In another case, with slight delirium and great vertigo.

JOHNSON says it is one of the most effectual remedies in reducing morbid sensibility of parts, and morbid contractility of the muscular fibres, and may be used when there is irritation,

with rigidity; hence it may prove homœopathic in the pains and stiffness of the limbs which follow attacks of Apoplexy, and especially in the painful disorders about the head and face. Bailey, of Harwich, England, published an octavo volume, some years ago, on this point.

It proved homœopathic in the cases of two boys; at first they could not speak, but laughed immoderately and kept grasping at imaginary objects; afterwards their silence was changed into immoderate and incoherent loquacity, with constant bodily motion; they were laughing and talking alternately; their extremities were in violent almost constant motion; eyes fixed; pupils dilated and insensible to light; jaws firmly locked; respiration loud and croupal; face swollen and red; in four hours their breathing became loud and stertorous; face turgid and swelled; skin cold; pulse weak; and there was an occasional strong inclination to sleep. Next day there was a loud croupy cough; and they were not sensible to surrounding objects for three days; they were quite blind, and candles held to their eyes produced no effect, nor did they seem at all conscious of the light.

Old-school writers, Graves especially, have recommended Bellad. in cerebral affections when the pupil is *contracted*, which is one of the most alarming symptoms in these affections;—pin-hole pupil is a fatal sign in Apoplexy and typhus.

In Apoplexy with *quick* pulse; Leuret in seventeen cases of epilepsy found Bellad. to quicken the pulse from the second day of treatment, and to continue to do this for three or four, or ten or even twenty days. It is homœopathic when the pulse is quick, and pupil dilated. Another of the most frequent and durable of the effects of Bellad. was a very marked development of the papillæ of the tongue.

Pereira says Atropin is homœopatic to vomiting, dilatation of the pupil, and stupor. One-tenth of a grain caused difficulty of swallowing, dilatation of pupils, and headache.

Flourens thinks it acts specifically on the tubercula quadrigemina.

Bailey found it homœopathic to dilatation of the pupils,

obscurity of vision, absolute blindness, amaurosis, visual illusions, suffused eyes, singing in the ears, numbness of the face, confusion of the head, giddiness and delirium; all of which symptoms may be combined with, or followed by stupor. These symptoms are usually preceded by a febrile condition, with redness and swelling of the face, hurried and small pulse.

Dierbach says it is peculiarly homœopathic to violent congestions to the head, redness and swelling of the face, and inclination to sleep, which may pass over into deep sopor and coma, but be interrupted by delirium.

It is indicated in paralysis of the sphincters, when the fæces and urine pass off involuntarily.

Vogt says Rognetta exercised considerable ingenuity when he indulged in the opinion that Bell. was an antiphlogistic remedy, and placed it in the same category with bloodletting..

Vogt also asserts that in the first degree of Belladonna-action we observe a more active motion of the blood, quicker, fuller, and harder pulse, greater flow of blood to the skin and head, whence the face seems more reddened, and the skin, especially that of the head, hotter. After a while the increased arterial action ceases, and greater venosity supplies its place, soon followed by increased secretion from skin and kidneys; the throat also becomes moist, and mucus is ejected from the bronchiæ, and genitaliæ.

Bellad. is homœopathic when there is a violent and convulsive change of arterial into venous blood, while Aconite, Digitalis, Hyosciamus, Prussic acid, &c., do this without previous orgasm and excitement of the vascular system.

It is homœopathic when there is fever, dryness of the throat, glimmering before the eyes, with flocculi and sparks, even actual blindness, with dilated pupils, dulness of feeling, and roaring in the ears; when the eyelids droop and sink with heaviness, are half closed, and the patient is sleepy; or when the eyes are widely open, and the look is fixed and fiery; when there is a feeling of heaviness in the head, staggering, confusion, and drunkenness, which may gradually pass over into a perfect

loss of consciousness. The pulse from the first is more frequent, fuller, and harder; the skin becomes hot, red and itching; the face swollen and very red; the lips dark, blood red; the eyes red and protruding. Everywhere there is greater vital turgor, and excited arterial action; breathing is quicker and shorter; the limbs rather stiff, and tongue rigid.

After the lapse of twelve hours the arterial storm ceases, and great venosity becomes evident; the redness of the face becomes livid, the veins everywhere seem to be filled, the muscles are more relaxed, confusion and stupefaction of brain ensue. Finally profuse sweat and urination restore the balance of the system. But headache, vertigo, imperfect vision, general lassitude, continued inclination to sweat, burning and itching of the skin remain.

The third degree of action of Belladonna-action is marked by paralysis of the nerves and decomposition of the blood, the patient becomes soporose and paralytic; blue spots and petechiæ form on the skin; and decomposed, dissolved, brown and stinking blood exudes from the various openings of the body. With the exception of Stramonium, it causes a more constant and far more violent action on the circulation than the other narcotics; the brain is at first not only quickened and excited, but forcibly excited, and rendered delirious; still the collective action of Bellad. does not represent a pure inflammatory fever, but a *Febris inflammatoria nervosa.* Vogt.

Schnucker, Selle, and Evens, have cured paralysis after Apoplexy with it. Peters.]

(*c.*) Dr. Black advises Belladonna in Apoplexy, in the stage of excitement, when the face is flushed, head hot, eyes suffused and glistening, with hallucinations of sight, dilated pupils, throbbing of the carotids, incoherence, tremors, and convulsions, followed by coma; especially when the disease has not progressed beyond general congestion of the brain and its membranes.—Brit. Journ. Hom., vol. 5, p. 53.

(*d.*) [According to Christison, Bellad. is homœopathic to apoplectic symptoms, with dilatation of the pupil, also to blindness, even when this is a very obstinate symptom, sometimes

remaining after the affection of the brain has disappeared; it was homœopathic in two cases in which the eyes were insensible to the brightest light for three days; and in general, when the dilated state of the pupils continues long after the other symptoms have departed; the pupil is not only dilated in all cases, but likewise for the most part insensible, and the eyeballs are often red, and prominent.

It is generally supposed that delirium with dilated pupils, generally precedes Belladonna-coma, but sometimes the relation of the delirium to the coma is reversed, as in a case related by Mr. Clayton, where sopor came on first, and delirium ensued in six hours; but sometimes delirium again returns when the stupor goes off; still the most frequent order of the symptoms is dryness of the throat and delirium, soon followed by drowsiness and stupor; this succeeding, stupor may remain for nearly two days, and the departure of the stupor be attended with a return of delirium for some hours longer; Sage has related a case in which the patient was comatose for thirty hours.

In Belladonna-apoplexy convulsions are rare, and when present, slight; in one case there were convulsive twitches of the face and extremities; in another case the muscles of the face were somewhat convulsed; there is also, at times, more or less locked-jaw, or subsultus tendinum, and occasionally much abrupt agitation of the extremities, but well-marked convulsions, or paralysis do not appear to be ever present.

From Christison's remarks we may also infer that Belladonna will prove homœopathic to some of the severest, and most hopeless stages of Apoplexy, viz.: when there is aphthous inflammation of the throat and mouth, great swelling of the belly, when the body is almost putrid, even before the patient is fairly dead, when the skin is covered with dark vesicles, the brain soft, the blood-vessels of the head gorged, and the blood everywhere fluid, flowing profusely from the mouth, nose and eyes. Peters.]

(*e.*) *Belladonna-Apoplexy.*

ATTOMYR (*see Primordien einer Naturgeschichte der Krankheiten, p.* 487) has given so accurate a delineation of this disorder, in all its nuances, degrees, and stages, that we give it, even if at the risk of being considered tedious.

Premonitions of Belladonna-apoplexy. Vertigo. Vertigo, as if objects staggered to and fro. Turning in the head, vertigo with nausea, as after rapid turning in a circle, or after the morning sleep, which succeeds a night-debauch. Turning in the head, accompanied with a similar turning in the pit of the stomach; after getting up, these sensations increased while walking, to such a degree, that he could no longer distinguish anything, and everything disappeared from before his eyes. Vertigo, as if everything turned around in a circle. Dulness, and turning in the head, relieved in the open air, aggravated in the room. Attacks of dizziness, both while at rest, and when in motion. Vertigo, and trembling of the hands so that he could not accomplish anything with them. While walking he staggered, was obliged to hold on to the wall, complained of oppression and dizziness, and often speak irrationally like a drunken person. Attacks of dizziness and dulness of the senses, lasting for several minutes.

Stupidity. Intoxication. Feeling as if intoxicated immediately after a meal. The slightest quantity of beer caused immediate intoxication. Confusion of the head, and feeling of intoxication, with swelling and redness of the face, as if one had been drinking wine. The whole head seems confused and empty for many days. Cloudiness of the brain, as in intoxication. Mistiness of the forehead, as if an oppressive mist moved to and fro, especially under the frontal bone. His senses deceive him. Reverie, he sat as if in a dream. Loss of consciousness. Dull fulness of the head, increased by motion. Stupefaction. Head feels as heavy as if he would fall asleep, and he is indisposed to any exertion.

Disinclined to all mental labor. Relaxation of body and mind. Stupidity.

Loss of memory. Great weakness of memory, he forgets immediately what he intended to do, and cannot remember anything.

The blood rushes to the head, when one stoops, and one becomes heavy and dizzy. Congestion of blood to the head, without internal heat in the brain. When one bends his head backwards, it seems as if the blood rushed into it. Swelling of the external veins of the head. The veins of the limbs are distended, and the arteries of the neck beat so violently, that when he opens his mouth the lower jaw is constantly forced against the upper, so that a slight chattering of the teeth ensues; attended with a warmth, and a sensation of warmth in the whole body, especially in the head. Beating of the arteries of the head, and of the whole body, early in the morning, on awaking. Excessive heat of the whole body, with especially frequent and more violent beatings of the temporal artery, with dulness of the head, all followed by profuse perspiration. Great heat of the body, especially of the head, so that the face becomes very red, from time to time, occurring daily after dinner. Frequently, excessive paleness of the face is converted immediately into redness, with coldness of the cheeks, and hotness of the forehead. Unusual redness of the face. Great heat and redness of the face, not followed by perspiration. Great heat and redness of the face, with icy-coldness of the limbs. Glowing-redness of the face, with violent, and inexpressible pains in the head. Heat and redness of the head only. Congestion of blood to the head, with redness of the cheeks. Heat and redness of the whole face, as if he had been drinking. Dark redness of the face.

The whites of the eyes are streaked with red, early in the morning, with aching pains in them. Dimness, darkness and blackness before the eyes. Dulness of sight, with trembling in all the limbs. Darkness before the eyes, as if from a mist.

Roaring in the ears. Noises in the ears, and dizziness, with dull pain in the abdomen. Deafness, as if a skin were stretched before the ears. Difficulty of hearing.

Immediate bleeding of the nose. Epistaxis early in the morning, and at night.

Violent gritting of the teeth. Gritting of the teeth, with frequent flow of spittle from the mouth.

Sensation in the morning, as if the tongue were asleep, numb, dead, and covered with fur. Trembling of the tongue. *Stammering weakness of the organs of speech, with clearness of the intellect, and dilatation of the pupils.*

Attacks of nausea in the forenoon. Frequent nausea and retching. Vomiting, dizziness and flushes of heat. Excessive vomiting, [from pressure on the brain].

Trembling in all the limbs, inability to walk, swelling of the veins of the whole body, and unpleasant irritation in the throat, all lasting for several days. Trembling and tired feeling of the limbs. Lassitude of the limbs. In the evening he is so tired he can scarcely walk. Sluggishness of all the limbs, and disinclination to work. *Disinclination, and disgust for all labor and motion.* Weakness of the body. Loss of strength. General debility. Frequently recurring, transient paroxysms of great weakness, in which everything seems so heavy, and presses downwards as if he must sink together. Fainting fits.

Sleepiness. Persistent dulness and drowsiness. Frightful, and vividly-remembered dreams.

Attack of Belladonna-Apoplexy.

He lay without sense or consciousness. Extreme stupefaction of all the senses. Unconsciousness. Perfect unconsciousness, so that he does not recognize anything. Loss of sensation. Apoplectic condition. He lay motionless for four days, without taking any nourishment. Lethargic, apoplectic state; he lay night and day without moving a limb; when griping pains set in, he opened his eyes, but did not utter a sound.

Noise and rattling in the air-tubes. Difficult respiration. Violent, short, frequent and anxious drawing in of the breath. At times he breathed, at others the last gasp seemed to have

escaped him; recurring in paroxysms, four times in the course of fifteen minutes.

During his drowsy stupefaction he opened his eyes, looked wildly about him, and then relapsed into a heavy slumber, with rattling in the throat. Choking attacks of snoring, during inspiration, while asleep.

Largeness, fulness and slowness of the pulse. Very small, quick pulse. Largeness of the pulse, which is ten beats too frequent. Strong and quick pulse.

Widely-opened eyes. Contracted pupils. *Dilated pupils.* Dilated and immovable pupils. Excessively-dilated pupils. Protrusion of the eyes, and enlargement of the pupils. Fixedness of the eyes. Staring look. The eyes are staring and sparkling. Glistening, and glassy appearance of the eyes, with widely dilated pupils.

Spasmodic motions of the lips. The right angle of the mouth is drawn outwards. Distortion of the mouth from spasm (Risus Sardonus).

Bloody foam before the mouth.

Stuttering speech; he stutters as if intoxicated.

Difficulty of swallowing; painless inability to swallow.

Involuntary discharge of fæces; paralysis of the sphincter ani. Small, sudden and involuntary stools. Suppression of stools and urine, with profuse perspiration.

Difficulty in urinating. Suppression of urine. Retention of urine, which only passes off in drops. Involuntary discharge of urine. Paralysis of the neck of the bladder. He cannot retain his urine.

Paralysis of the right arm. Heaviness and paralysis of the upper limbs, but most decided in the left arm. Paralysis of the feet. Paralysis of the right arm, and right leg. The left side, especially the left arm and thigh, are quite paralyzed.

Cold sweat on the forehead.

CASE 17.—A plethoric man, aged 60, of short stature, was found early in the morning, lying by the side of his bed, in a fit of Apoplexy.

Symptoms.—He lay immovable, stretched out as if dead,

and stiff; frothing at the mouth, snoring, and groaning; he was unconscious, the upper eye-lids were paralyzed, his pupils dilated and immovable; his face was swollen, and somewhat reddened; he had twitchings and jerkings; the carotids beat violently; his lower jaw was dropped, and much spittle ran from his mouth; his lips quivered; he had incessant snoring respiration, with frequent groaning; slow, deep respiration, increased warmth of the body; skin soft, but not moist; pulse full, strong, somewhat hard, bounding, and quickened.

Treatment and result.—A small venesection, followed by Ipec. 6, 1 drop, every two hours; in a quarter of an hour, great restlessness set in, he tossed from side to side, grasped about with his hands, opened his eyes, had frequent twitchings of the facial muscles, and gritted his teeth; his pulse became quicker, and his skin moist; vomiting of mucous and bilious substances set in, followed by a loose stool, and discharge of urine.

After the lapse of eight hours, he was in a state of coma-vigil, and unconscious; when loudly spoken to, he mumbled and stammered, looked at the person who spoke, and then closed his eyes again; his pupils were dilated, his face pale, but bloated, and twitching; at times he chewed and gritted his teeth slowly, then his jaw dropped again; tough spittle flowed from his mouth; he groaned and snored incessantly, and grasped, at times, at the somewhat swollen genitalia; his breathing was slow and deep; skin dry; pulse full, regular, and somewhat quickened. He took 1 drop of Bellad. 30, and in the course of twelve hours his improvement had progressed so far, that his consciousness had returned, he could speak, and all immediate danger was over. A kind of mental derangement, which remained after the apoplectic attack required farther treatment, before full recovery ensued.—Archiv, vol. 6, part 3, p. 104. Dr. Schubert.

CASE 18.—A woman, aged 45, was attacked with Apoplexy, and suffered with the following

Symptoms: Loss of motion and sensation on the right side of the body; inability to speak, loss of sight and smell;

mouth drawn towards the ear; consciousness undisturbed; convulsive motions of the face and left arm; difficulty in swallowing; increased flow of saliva; thirst; bloating of the face; redness and protrusion of the eyes; constipation.

Treatment.—Bellad. 24, removed the whole attack.—Dr. Bigel, vol. 2, p. 97.

CASE 19.—A powerful girl, aged 19, fell down unconscious, after an attack of vertigo and anxiety.

Symptoms.—She lay stupefied; with dilated pupils, reddened, and somewhat mottled face; eyes reddened; she could neither speak nor swallow; made signs of having pain from the root of the tongue to the pit of the stomach, and in the left leg; she ejected every kind of fluid from her mouth with force; her pulse was hard; and she had not improved any for two days.

Treatment.—In two hours after taking Bellad. 30, she made signs that she could swallow; in five hours she could speak, the redness of her face had disappeared, and she commenced to move the left leg. In three days she was perfectly restored. Archiv, vol. 5, part 1, p. 165. Dr. Baudiss.

CASE 20.—A man, aged 60, of apoplectic habit, and asthmatic, fell suddenly to the ground in a fit of Apoplexy, after an attack of dizziness. He lay in a soporose state, unconscious and speechless, with much rattling upon the chest.

Treatment.—Two doses of Bellad. removed the stupor, and rattle in his breathing, after it had induced perspiration. Rhus and Cocculus cured the paralysis of motion and sensation in the course of fourteen days.—Archiv, vol. 14, part 3, p. 129. Dr. Schuler.

CASE 21.—A priest, aged 33, of lymphatic temperament, and unusually corpulent, had three apoplectic attacks in the course of one month, followed by paralysis of the right side.

Symptoms.—Dejection of mind, with uneasiness about his condition; confusion of thought; he was affected by the slightest movement; heaviness of the head, as if it would fall off; fulness, especially in the forehead, with dizziness; anx-

ious feeling in the stomach, which ascended to the head; dulness of the head, as if he were intoxicated; noises and beating in the head; sleepiness during the day; paleness and bloating of the face; dilatation of the pupils, intolerance of light, squinting of the right eye, with lachrymation, and constant winking. Paralysis of motion and sensation of the *right* side of the face, with a sense of crawling and pulling; his mouth was greatly drawn to the *left;* his food fell out of his mouth; he chewed with great difficulty, could not hold a cigar between his lips, bit his tongue while eating, and swallowed with difficulty. His speech was tedious and difficult; he had much thirst; his mouth was pasty; he had no appetite; his abdomen was much distended, chest oppressed, and breathing difficult. He had troublesome constipation, with internal piles. Stiffness of the joints of his legs, and weakness of the whole right side.

Treatment and result.—One globule of Bellad. 2000, followed in a few hours by tearing pains in the shoulder, as if the head were drawn backwards; his head became more clear, and on the next day he was entirely restored.—Genl. Hom. Jour., vol. 34, p. 152. Dr. Nuñez.

CASE 22.—Capt. S., aged 72, short, stout and plethoric, was attacked suddenly with the following

Symptoms: Redness and bloating of the face; redness and lachrymation of the eyes, with complete paralysis of the lids; dilatation of the pupils; face drawn to the *right* side; violent shaking only caused him to mumble a little; clean spittle flowed over the drooping lower lip, out of the distorted mouth; his tongue was thick, and projected beyond the lower lip; his inspirations were snoring, his expirations blowing; he was in a constant slumber; the arteries of the neck and face beat violently; his pulse full and slow, and urine passed involuntarily.

Treatment and result.—1 drop of Bellad. 15, to be given immediately, was followed by such improvement in twelve hours, that he could move his tongue and open his eyes; his face was less red, and pulse not so tense; he could move the

limbs of the right side, but could not close, or grasp with his *left* hand. During the next day he slept much, and spoke irrationally; for which he received *Opium* 10, 1 drop every three hours; in the evening he was able to walk about the room. He then took one dose of Bellad. every second day, until the fourteenth day. Despondency, loss of memory, and difficulty in speaking, were entirely removed by Anacardium, Baryta, and Rhus.—Gen. Hom. Jour., vol. 8, p. 68. Dr. Elwert.

CASE 23.—A lady, aged 61, was attacked with vertigo and confusion of the head. In the course of a few hours she had an unusual snoring and blowing out air through the lips; her face was red and bloated; her mouth somewhat drawn to the *right;* lips and *left* side in alternate convulsive motion; she had fits of yawning, entire unconsciousness, *paralysis of the left* half the body, and violent throbbing of the carotids; her pulse was full and slow; urine was passed involuntarily; her pupils did not contract when exposed to light; she made no sound, except a kind of groaning noise; her hands were cold.

Treatment and result.—Several drops of Bellad. 2, were mixed in water, and a teaspoonful given every half hour, at first; afterwards, a drop of the pure Tincture was occasionally put between the lips. The above condition of things persisted for two days, and the same treatment was continued; then she groaned more frequently, seemed to hear when she was loudly spoken to, and could swallow some food; she lay on her back, unable to alter her position, but could move the limbs of the right side. On the fourth day, her consciousness returned; her stuttering speech could be comprehended; she knew not what had happened to her; complained of weakness, especially of the left side, which she could move, however; and could take nourishment, although swallowing was difficult.

The remainder of the disease was removed by Bellad. 3, Nux-vom. 3, and Rhus 2. Dr. Elwert, p. 40.

CASE 24.*—Hartmann (see Acute and Chronic Diseases, translated by Chas. J. Hempel, M. D., vol 4, p. 6,) reports a case

of Apoplexy in a weakly, emaciated woman, aged 80, suffering with dropsy of the legs. The arms and head dropped suddenly; her mouth was drawn to one side; she could not speak; her breathing was short and rattling; skin cool; pulse small, weak, and scarcely to be felt; all her secretions were suppressed; she was entirely unconscious; and food dropped, or poured out of her mouth again from inability to swallow.

Treatment.—Bellad. improved her condition very much. The remaining paralysis was removed by Stannum, Causticum, and Baryta, after the œdema had been cured.

CASE 25.*—A man-cook, aged 40, having received a repulse in the presence of his master, from his betrothed, which he took much to heart, was attacked on his return to the kitchen with vertigo, but still continued to do his work, although his sight became much obscured, and he went staggering around the room, scarcely knowing what he was about; at length he fell senseless to the ground. He was carried to bed in an insensible state; his face was swollen, and of a reddish yellow color; his eyes red and fixed, pupils dilated; he gave no signs of hearing; from time to time he had violent convulsive movements in his arms, particularly in the right; breathing very slow; pulse slow and hard; forehead very hot.

Treatment.—Bellad. 20, 9 pellets dissolved in an ounce of water, a spoonful every half hour; in two hours the convulsive movements were less frequent and violent, his face less flushed, he gave signs of hearing, and put his hand to his head. In the course of the night he fell into a general perspiration, and on the following day he replied in a distinct voice when spoken to, opened his eyes and looked about with an unsettled and frightened air, and wished to be carried into his own room, where in fact he then lay. His sight was obscured, his eyes moved spasmodically, and were rolled upwards, always with a profound sigh; he complained much of severe pain and weight in the head, especially in the forehead; his face was still much flushed; tongue yellowish-white; mouth slimy, with a bitter taste, loss of appetite and great thirst; bowels consti-

pated; urine red and clear; pulse freer, and less hard. *Ignatia* 20, 12 pellets in solution, a spoonful every half hour. In the evening, *Bellad.* was repeated; he perspired again, and more copiously during the night, and on the following morning he could see better, recognized his room and the bystanders; his eyes were less red, but the rolling motion upwards recurred occasionally, always accompanied with sighing; pulse febrile, but skin almost natural. *Ignatia* at longer intervals; and on the fourth day he was nearly well, although some bilious symptoms required *Chamomilla.*—Brit. Jour. Hom., vol. 4, p. 370. Dr. Ladelci.

CASE 26.*—A lady, aged 23, had a good confinement, four days after which the lochia ceased, and fever with pain in the bowels set in. Her allopathic physician prescribed injections of Assafœtida. On the 9th day, headache came on, increased steadily, became constant and often intolerable; her physician diagnosed neuralgia, and gave Castoreum, without benefit. By the 12th day the disease had assumed a serious aspect; the patient lay on her back motionless; her features were spasmodically disturbed and expressed much suffering; she was very weak, entirely unconscious, her tongue was almost immovable, and she cried out distractedly at long intervals; her right arm and leg were paralyzed. She passed urine involuntarily; her abdomen was soft, and she was constipated. Her physician now leeched and bled her on account of congestion and irritation of the brain, but she became more heated, convulsions of the left arm occurred, her pulse became thread-like, her face pale, and she lay as if dead. Dr. Rampal was now called in consultation and advised *Belladonna*, but the other physician would not consent and gave more Assafœtida; the next day she was still worse, and Bellad. was given, ¼ grain of the extract, in six ounces of water, a spoonful at night; the night was more tranquil and some color returned to the face; in the morning two-spoonfuls were given within four hours, and in the evening the patient moved the right leg several times, noticed a little,

and put out her tongue; that evening and the next morning she got another spoonful of the medicine, and the improvement went on, so that on the 17th day she could move her arms and legs; on the 18th, she ate with appetite, and soon recoveredly completely.—Brit. Jour. Hom., vol. 8, p. 281. Dr. Rampal.

CASE 27.*—A man, aged 42, of sanguine-choleric temperament, who had suffered for a long time with his head, and with pains in his limbs, was seized with an attack of apoplexy one afternoon, in the midst of most violent pains in his head; he was left paralyzed on the whole of the *right* side.

Symptoms. He was unable to speak; his mouth was drawn to one side; at times the sound *left* side was agitated with convulsive movements; the saliva flowed constantly from his mouth; he had some hiccough; his pulse was full and hard; eyes red and prominent; his face flushed; thirst excessive; he had been constipated for four days; but he retained his consciousness, understood his situation, and felt that his great misfortune had reduced his beloved family to a very distressing situation.

Treatment and result.—He took two pellets of Bellad. 30, and a quarter of an hour had scarcely elapsed before a change was observed in his state; the pain in his head became less violent; the redness of his face less decided; the convulsive movements less severe, and in half an hour after, he fell into a pleasant sleep, which lasted two hours, and from which he awoke in a slight perspiration; he was able to speak in a brief, comprehensible manner; sensation and motion had returned in a slight degree to the paralyzed parts, and in twenty-four hours more the paralysis had entirely disappeared; some pain and heaviness in the head persisted for a few days after.

Beauvais' Clinique Homœopathique, vol. 1, p. 276. Dr. Bethmann.

CASE 28.*—A printer, aged 36, fell while at dinner, with an attack of apoplexy, followed by paralysis of the whole *left* side; when his arms or legs were raised, they fell heavily like

inert masses; his face was red, his eyes brilliant, and full of tears; he had not entirely lost consciousness, but was unable to speak a word; his tongue was drawn to one side; and his pulse was full and strong.

Treatment and result.—Bellad. 30, 1 drop. In the evening the paralysis had entirely disappeared; his speech had returned, but his *voice* was stammering; his pulse was frequent, but soft. The same prescription was repeated, and by the next day he was out of danger.—Malaise' Clinique Homœopathique, p. 1.

CASE 29.*—A woman, aged 38, of violent temper, but pale and delicate, had suffered for several years with *Congestive vertigo.*

Symptoms.—The attacks occurred several times a day, generally in the morning, after stooping; were attended with flimmering before the eyes, and dimness of vision; she was obliged to lay hold of something to prevent her falling, on account of staggering and pitching about; afterwards she felt exhausted in body, and mind.

She also was annoyed with aching pain in the forehead over the eyes, increased by bodily exercise, and attended with throbbing in the head, and heat in the face. She had but little appetite, an aversion for meat-diet, with nausea and inclination to vomit. In the forenoon she had flushes of heat, attacks of unconsciousness, and aching, and pulsation in the epigastrium after eating, and while walking. She was costive, with bearing down upon the uterus; also had a chronic cough, and shortness of breath.

Treatment.—After nine doses of Bellad. 15, one drop per dose, the vertigo and headache had entirely disappeared. Nux., Sulph., and Stramon., removed the remaining symptoms. Genl. Hom. Jour., vol. 19, p. 313. Dr. Elwert.

CASE 30.*—A boy, aged 15, who had suffered for a year with attacks of vertigo and transient fits of unconsciousness, was cured by Bellad. 4, one dose every day, for four weeks. Genl. Hom. Jour., vol, 19, p. 314. Dr. Elwert.

CASE 31.*—A girl, aged 13, had suffered for several years, with attacks of turning-dizziness attended with anxiety, pressing headache, and staggering about, occurring several times every week. She was entirely cured by Bellad. 5, 30 drops in 2 drachms of Alcohol, 10 drops to be taken every other day.—Gen. Hom. Jour., vol. 19, p. 313. Dr. Elwert.

CASE 32.*—A lady, aged 48, was subject to vertigo on rising from her seat, so that all objects seemed to stagger to and fro; she was also apt to fall down, and to vomit mucus.

Symptoms.—The attacks of vertigo were preceded by a putrid taste in the mouth, nausea, and at times by bilious and mucous vomits; occasionally, she was dizzy at night; the vertigo was increased whenever she lessened the quantity of meat she ate; she had a disgust for milk; and was every now and then troubled with diarrhœa, or acrid leucorrhœa. She often awoke at night in alarm; her sleep was disturbed before midnight, and during the day she was anxious, unhappy, and irritable.

Treatment and result.—She was somewhat relieved by Bellad. 10, but still the dizziness and loss of memory remained; whenever she sat bent forwards heaviness in the back of the head came on; near objects were seen indistinctly: she had pain in the urethra while urinating; her urine was turbid with mucus, and an acrid leucorrhœa was increased; her stools were still loose; and she had a frequent inclination to doze. *Conium* 10, then cured her almost entirely, although Lycopod. was required for the vertigo when stooping, the flatulent distension, and the stools which had now become too hard.—Annals, vol. 1, p. 231. Dr. Schreter.

CASE 33.*—A man, aged 26, of large and robust constitution, had suffered for three days with turning vertigo, and dimness of sight after rising up from sitting or lying, from moving the head or eyes, and from rising up from stooping. He also complained of lassitude in his limbs, with trembling

of them while walking, of fulness in the head and pain in the chest.

Treatment.—Four doses of Bellad. 9, were given, one drop per dose, every six hours, with decided improvement: then four doses of Bellad. 12, 1 drop per dose, every six hours, cured him entirely.—Gen. Hom. Jour., vol. 44, p. 47. Dr. Haustein.

CASE 34.*—The patient, aged 34, suffered with numbness and weakness of the left side; paralytic drooping of the eyelids: lachrymation and squinting of the left eye: double vision; distortion of the mouth. The head was dull and confused; the tongue coated; appetite poor; pulse rather tense; sleep restless.

Treatment.—Bellad. was administered in repeated doses of the pure Tincture, for four weeks. For the obstinate remains of the Paralysis, Rhus 1st dilut., was given every forty-eight hours, for four weeks more, when the patient was entirely restored.—Dr. Elwert, (Homœopathy and Allopathy in the Balance, p. 42).

Dose. Of the eighteen cases treated by Bellad., three were treated with the pure Tincture, which effected a cure in one case where the 18th dilution had failed; the 1st, 2d, 3d, 4th, 5th, 9th, 20th, 24th, and 2000th dilution, were each successful in one case; the 15th in two cases, and the 30th dilution in six cases. In four cases, single doses of the 15th, 24th, and 30th dilution, sufficed to effect a cure; in other cases the doses were repeated as frequently as every half hour, and from four to five, or even nine or ten doses were required. In six cases, favorable results ensued in the course of two hours; in three cases, after the lapse of ten or twelve hours; in others, in the course of a few days. Noack prefers one or two drop doses of the 1st, 2d, 3d, 6th, or 12th dilution, repeated every two, three, four, six, eight, or twelve hours, in acute and severe attacks. In very severe cases, they may be given every five, ten, or fifteen minutes, or every half, or one hour. If preferred, from 3 to 6 pellets may be dissolved in a wineglassful of water, and a teaspoonful given as often as above directed. Peters.

6. BLOOD-LETTING.

Even if it be admitted that allopathic physicians bleed too much in apoplectic attacks, it is generally supposed that ho-

mœopathic physicians bleed too little—if the strength and vascular condition of the patient permit of it, or seem to require it, it seems very certain that bleeding will not interfere with the action of homœopathic remedies—and it is even supposed that in some apoplectic and congestive affections of the brain, the pressure upon it and the nervous system may be so great, that they are as it were benumbed, and unable to respond to the action of any remedy until the pressure be relieved by blood-letting—hence I will endeavor to state as fairly as possible the advantages and disadvantages of blood-letting in apoplexy.

Wood, the latest American writer on the theory and practice of medicine, says: "If the strength of the pulse admit, blood should be drawn from the arm—but bleeding is not to be indiscriminately resorted to, or pushed to an unlimited extent; much injury has probably been done in this disease by excessive bleeding; if nature have already accomplished a great reduction of the heart's impulse, if the pulse at the wrist be small and feeble, no advantage is to be derived from the further loss of blood. It should be remembered that in the hæmorrhagic and serous cases of Apoplexy, the disease is not over when the effusion is suppressed; the brain has sustained a great shock, and a long series of actions will be necessary to repair the mischief done; it is bad practice to destroy all the resources of the system which may be necessary to sustain this course of action, by an inconsiderate and exclusive obedience to the first indication, viz., that of arresting effusion, or correcting congestion. The practitioner should be guided by the strength of the pulse whether he shall bleed or not."—Vol. 2, p. 628.

Solly says, "blood-letting is the most dangerous remedial agent in some cases of Apoplexy. Many a valuable life has been saved by the prompt and free use of the lancet; but *more* have been hastened into eternity by its indiscriminate employment. At one time this opinion of the imperative necessity of blood-letting in Apoplexy was almost universal, but it has lately been much modified; the deservedly-high reputation of

Abercrombie gave too much value to the use of the lancet in Apoplexy. Watson, he says, advises after *one* full, and sufficient bleeding from the arm, to abstain from farther use of the lancet; the disease itself is most depressing, and in its treatment we must not consider the present moment simply, but we must also look to the future. Solly is convinced that large abstraction of blood gives rise to serous effusion, or dropsy of the brain. He also quotes Dr. Holland, who asks, "Is not depletion by bleeding, a practice still too general and indiscriminate in affections of the brain"—he believes that the soundest medical experience will warrant this opinion. Watson says, that he does not mean altogether to praise the modern (allopathic) practice in apoplexy; for it is often one of mere routine—this routine may be most proper in many cases; unnecessary in others, and pernicious in some, but there are persons who seem to think that they have not done their patient justice if any part of the usual active intermeddling has been omitted—they think that the patient must be copiously bled, cupped or leeched, blistered, and thoroughly dosed with calomel, senna and croton oil, and mustard poultices must be applied to the legs, &c.

Burrows says: until a very recent period, repeated and copious blood-lettings and active purgatives were the principal, if not the only remedies recommended to be employed in all Apoplexies by authors held in the highest esteem. Several, however, of the present day have pointed out many circumstances which would cause such profuse expenditure of the vital fluid in the treatment of apoplexy to be highly prejudicial—Burrows says that his experience leads him fully to concur in reprobating the indiscriminate use of the lancet in these cerebral affections. He also adds that: the principles of treatment of apoplexy recommended by so eminent and experienced a physician as Dr. Abercrombie, have, he doubts not, misled many into the abuse of the lancet. They have been afraid to abstain from blood-letting, since that remedy has been declared to be almost a panacea by this writer. Several modern writers have alluded to states of the brain

simulating congestions of its vessels, and where depletion would only aggravate the symptoms.

But the most formidable antagonist in the old school against blood-letting is COPEMAN. He asks, "Could things be worse under any plan of treatment, or would the mortality be greater without any treatment at all. Surely there is a complete justification for leaving the well-beaten allopathic track that has hitherto been trodden with so little satisfaction, and endeavoring to find out a path that might lead us to more encouraging prospect. Of 155 cases, 129 were bled and only 26 were not; of the 129 who where bled only 51 recovered and 78 died; of the 26 who were not bled, 18 were cured and 8 died.—See p. 6.

"From these facts," COPEMAN infers, that "bleeding generally speaking, is so ineffectual a means of preventing the fatal termination of Apoplexy, that it scarcely deserves the name of a remedy for this disease. That bleeding in the foot was the most successful mode of abstracting blood, but that the treatment without loss of blood was attended with most success; and that the mortality of the disease increased in proportion to the extent to which bleeding was carried; the more copious the loss of blood, the more fatal the disease." (*See Collection of Cases of Apoplexy, by Edward Copeman*, p. 7.)

COPLAND says, that during his own experience he has often had cause to regret that apoplectic and other sudden seizures had been treated by blood-letting by the first medical man who had seen the patient. For many hundred years an idea has been entertained by medical practitioners that active practice was good practice: that blood-letting was the best part of active practice; and that this constituted the chief and greatest part of a medical reputation. They could not perceive the fact that blood-letting could be injurious in any of these cases; and they fully believed that patients died notwithstanding the bleeding, and not in consequence of it. Now matters have somewhat amended with the progress and diffusion of medical knowledge; but there still remains much to reform even in this, and other practical measures. The number of

cases collected by COPEMAN might have been easily very much increased, and especially in support of the views which he has espoused, and which had been fully insisted upon by myself (COPLAND) and others long before he wrote." (*See Copland on Palsy and Apoplexy*, p. 275.)

We have already seen that ABERCROMBIE was most enthusiastically in favor of free blood-letting in Apoplexy, and that he carried his prejudices and practice in this respect so far as even to be blamed by his fellow allopathic practitioners therefore. It would almost necessarily be supposed that ABERCROMBIE was unusually successful in his treatment; it would hardly be guessed that a celebrated physician could carry his opinions and practice out in spite of the repeated and abundant ill success. In COPEMAN'S work we find 28 cases of Apoplexy reported by ABERCROMBIE, no less than 24 of which terminated fatally; in 4 of these fatal cases "all the usual allopathic remedies were employed in the most active manner without the least effect in alleviating any of the symptoms, and on inspection after death, either no vestige of disease could be discovered in the brain, or at most, there was but a slight turgescence of the blood-vessels.

I trust that I have honestly made the case strong enough against the universal applicability of blood-letting in the treatment of Apoplexy; I trust that I have done enough, and that right fairly to prove that the sound and learned medical practitioner is often imperatively called upon to avoid blood-letting in many apoplectic attacks; but, notwithstanding all this, I am fully convinced that blood-letting is safe and useful in some cases; even COPEMAN, the great opponent of blood-letting in Apoplexy, says that in his opinion, the only cases in which bleeding is proper, are those which occur in plethoric habits, and where in addition to the symptoms of what is generally understood by a full habit, there is *evident distension or fulness of the superficial vessels of the head and neck*, and that it is rarely necessary to carry the bleeding beyond the point of relieving entirely the external visible fulness of the vessels. COPLAND admits the safety and benefit of blood-let-

ting where there is slowness and fulness of the pulse, stertorous or strong breathing, and a tumid, flushed or livid countenance. Rau says, bleeding may be necessary in those rare cases of true plethora where the brain and nervous system is overwhelmed by the excess of blood, and in violent congestions of noble organs, such as the brain or lungs, where there is imminent danger of Apoplexy in the former, and of suffocation in the latter. In these cases the bleeding simply averts the present danger, but does not cure the disease : this has to be accomplished by appropiate medicines, and if this be not attended to, every drop of blood may be taken away without relieving the patient; beyond a certain moderate point, we weaken the body by abstraction of blood, without lessening the quantity circulating in the brain. [Peters.]

7. cocculus.

(*a.*) Dr. Black says that this remedy somewhat resembles Nux-vomica in its action; it is most indicated when the patient has not entirely lost consciousness, although it is more homœopathic to stupor than Nux; the best indications for its use are the presence of: Violent pains, especially in the forehead; severe headache with much vertigo, nausea and vomiting; numbness, sometimes of the hands, sometimes of the feet; or transient fits; and paralysis of one side.—Brit. Jour. Hom., vol. 5, p. 56.

(*b.*) It is used, perhaps, more frequently, to prevent Apoplexy, and against apoplectic-vertigo, than in the fit itself, although it may prove useful in many cases of gastric-, nervous-, and convulsive- or epileptic-Apoplexy. Noack and Trinks recommend it in Nervo-apoplectic conditions with hemiplegia; in congestion of the brain and Apoplexy, even after profuse blood-letting; when there is great nausea with a tendency to faint; dizziness with inclination to vomit; attacks of dizziness with feeling of intoxication, dulness of the head, nausea, pressing and beating in the temples, alternate falling asleep of the feet and hands, difficulty in speaking, thinking or reading; severe

headache with nausea and vomiting; headache with feeling of emptiness and hollowness of the head, increased by eating and drinking; when there is vertigo, with nausea and falling down without consciousness; vertigo, as from intoxication, and stupid feeling in the head, as if he had a plank before it; vertigo, when raising himself in bed, as if everything turned around, with inclination to vomit, obliging him to lie down again; headache with inclination to vomit, as if he had been taking an emetic; stupid feeling in the head, with cold sweat on the forehead and hands. Attacks of paralytic weakness. Apoplexy of the left side; *epileptic- or convulsive-Apoplexy*, in which the patient first feels as if intoxicated, then becomes quite still, and stares for a long time at one spot, without hearing or answering any questions, then falls down unconscious, writhing and muttering unintelligible words, with involuntary emission of urine, spasms of the limbs, convulsive clenching of the fingers, paroxysmal choking in the throat, the mouth being open as if he would vomit, the hands being cold, the face covered with cold sweat, the eyes glassy and protruded; after the attack he is partly unconscious and bewildered. PEREIRA says it is homœopathic to nausea, vomiting, staggering, trembling and convulsions; 3 or 4 grains of it have proved homœopathic to nausea and fainting, although it is frequently added to malt liquors for the purpose of increasing their intoxicating powers. TAYLOR says it is homœopathic to vomiting and intoxication. ATTOMYR regards Cocculus as indispensable in some of the consecutive affections of Apoplexy, especially against the weakness and irritability of the stomach, weakness and dizziness of the head, and the paralysis. He regards it, however, as more homœopathic to epilepsy than to Apoplexy. Others regard it as most homœopathic to asthenic Apoplexy, when the face is pale and sallow, but puffy and bloated, the pulse feeble and easily compressed, the respiration heavy and laborious; especially when these symptoms have been ushered in by headache, giddiness, loss of memory, illusions of hearing, inarticulate speech, and inclination to somnolency.—PETERS.]

CASE 35.—A maiden, aged 18, slender, and not yet menstruated, fell suddenly to the ground.

Symptoms.—Her face was red, and glowing hot; her eyes closed, eyeballs in constant rotation, and her pupils much dilated; breathing short and noiseless, scarcely to be heard for hours together; pulse full, hard and frequent; entire unconsciousness.

Treatment.—Bleeding was followed by groaning respiration, restless and anxious moving of the left arm and leg; the right side was entirely insensible to severe pricking with needles. She then received Cocculus, 12th dilution, and in the course of one hour she moved herself, turned over upon her side, her breathing became more quiet, but stronger and more equal, and she opened her eyes, although still without consciousness, or ability to speak. Consciousness returned at the end of four hours, but perfect paralysis of the right side remained; at the end of twelve hours feeling and power of motion began to return in the paralyzed parts. Recovery in two days more.—Annals, vol. 4, p. 47. Dr. Tietz.

CASE 36.—Mr. L. had suffered for a long time with vertigo, which returned daily at 11 A.M. Whenever he looked up, he had a tendency to fall to the left side; when he stooped it seemed as if he would fall backwards, so that he was obliged to hold on to something quickly. He often had stitches of pain in the top of the head, and pains in the back and sacrum.

Treatment.—Two doses of Cocculus caused some improvement, but Causticum 30, effected a cure.—Archiv, vol. 17, part 1, p. 6. Dr. B. of D.

CASE 37.—A youth, aged 17, had suffered with attacks of dizziness recurring every fourteen days, and lasting for several days.

Symptoms.—Vertigo while sitting, when rising from bed, or from a chair, also while standing, but most frequently after dinner, and attended with a feeling of intoxication, and stupidity, with nausea, pressing and throbbing in both temples, and alternate falling asleep, first of the feet, then of the hands.

During the attacks he could scarcely speak; afterwards he had difficulty in reading and thinking.

Treatment.—Nine doses of Cocculus 15, one dose every six days, cured him entirely.—Gen. Hom. Jour., vol. 8, p. 70. Dr. ELWERT.

Dose. The 12th and 15th dilutions have been used successfully. In other cases the same doses as recommended for Nux may be given.—PETERS.

8. CONIUM-MACULATUM.*

GENERAL REMARKS.—According to ATTOMYR, the principal homœopathic remedies against Apoplexy are: Belladonna, CONIUM, Hydrocyanic acid, Hyosciamus, Opium, and Plumbum.

According to CHRISTISON, Conium acts as specifically in causing paralysis of *motion*, as Aconite does in producing paralysis of *sensation*. It is homœopathic to palsy, first of the voluntary muscles, next of the chest, finally of the diaphragm, causing asphyxia from paralysis, without insensibility, and with slight occasional twitches only of the limbs.

In several soldiers, it proved homœopathic to such drowsiness that they seemed to drop asleep while conversing; but they soon became giddy with headache; in one case there was such a state of insensibility, that the patient could only be roused for a few moments, his face was bloated, pulse only 30, and extremities cold.

It is also homœopathic to great congestion of the head, with an unusually fluid state of the blood.

Conium also differs very widely from Bellad., Stramon., and other narcotic remedies, in not producing violent orgasm, commotion, and active congestion of the blood; POHLMANN found after taking one-third of a grain of Conium, that his pulse fell from 70 to 59, with slight dizziness, and a remarkable sensation of heaviness in the arms and legs, but especially in the left arm. VOGT thinks that it checks the arterialization of the blood, and renders it much more venous. ABLES also thinks that it acts sedatively on the arterial system. SOBERN-

HEIM asserts that it diminishes the frequency of the pulse, and relaxes the muscular, and vascular fibres.

It exerts a similar depressing action on the brain; it is not only much more apt to be homœopathic to paralysis and coma, than to delirium and convulsions, but it causes a most intense passive stagnation, and venous congestion of the blood about the head, and brain. In this respect it acts almost antagonistically to Ferrum; (see page 18); and in like manner as this latter remedy is, perhaps, the most homœopathic to true *arterial* congestive plethora and Apoplexy, so is Conium the most homœopathic remedy to true, simple, and uncomplicated *venous* plethora and Apoplexy.

Its action upon the functions of the brain are also decidedly depressing; it is homœopathic to weakness of the intellectual faculties, loss of memory, inclination to shun society, yet with fear of being alone, dread of thieves, and liability to be easily frightened; to want of mental energy, unfitness for exertion, confusion of ideas, as if from drowsiness, slow conception of ideas, ready forgetfulness, hypochondriacal indifference, dejection of mind, &c., all pointing to a torpid and sub-paralytic state of the brain, which may easily be followed by Apoplexy.

It is also homœopathic to apoplectic attacks, connected with, or dependent upon derangement of the liver; according to VOGT it is homœopathic to excessive distension of the vessels of the vena-porta system, with great enlargement of the liver, and profuse effusion of bile. PETERS).

(*b.*) According to ATTOMYR, Conium is indicated when the following

Premonitions of Apoplexy occur:

Vertigo, in which everything seems to turn around in a circle; dizziness when rising up from stooping, with feeling as if the head would split; dizziness, which is more severe while lying down, and then attended with the feeling as if the bed turned around; dizziness on going up stairs, he was obliged to hold fast to something, and for a few moments did

not know where he was. Dulness of all the senses. Confusion and heaviness of the head; persistent stupefaction of the head, with constant inclination to lie down. Dimness of sight. Roaring in the left ear with hardness of hearing, aggravated while eating. Roaring in the ears, as if from a wind-storm, increased from after dinner until bed-time, aggravated by mental exertion, but particularly by lying down in bed; it was also noticed at night when he awoke.

Bleeding from the nose, gritting of the teeth, difficulty of speaking, waterbrash, nausea and inclination to vomit.

Dead feeling of the left hand, especially when clenching the fist; numbness of the fingers; falling asleep of the legs while sitting; numbness and coldness of the fingers and toes. Trembling of all the limbs, and incessant trembling. Great lassitude, relaxation of body and mind, nervous debility, fainting fits. Sleepiness during the day, so that he can scarcely keep his eyes open while reading; drowsiness, even while walking in the open air; sleepiness in the afternoon, so that, in spite of all his exertions to the contrary, he was obliged to lie down and sleep. Sleep disturbed by unpleasant dreams.

Conium is indicated in *attacks* of Apoplexy when the patient lies without consciousness, in a deep sleep, and breathes with extraordinary difficulty and exertion, (see Apoplexy of the Medulla-oblongata, page 32); when the breathing is slow and difficult; when the pulse is unequal in force and quickness, large and slow pulsations being followed at irregular intervals by several small and quick pulse-beats; slow, weak pulse; pulse small, hard and slow, only 30 beats per minute. Protrusion of the eyes, dilated pupils, followed by contraction of the pupils.

Paleness of the face; blueness, or bluish and swollen state of the face; blueness of the face, as if crowded with venous blood, as in strangled persons. Constipation, involuntary discharge of fæces while asleep. Suppression of urine, ischuria, frequent urination, with inability to retain the urine. Paralysis and coldness of the extremities. ATTOMYR.

From the powerful action which Conium exerts upon swell-

ings and exudations, it is very probable that it will also aid powerfully in the absorption of apoplectic clots; and from its depressant action on the vascular system, it may prove antipathic to the inflammatory irritation which is so apt to set in around the clot. PETERS.

Dose. No cases of Apoplexy have as yet been reported, as cured by Conium. NOACK advises 1 or 2 drops of the pure tincture per dose, or of the 1st or 2d dilution. Those who prefer them, may use the globules, either dry upon the tongue, or in solution. PETERS.

9. CROTALUS.

CASE 38.—A man was suddenly attacked with Apoplexy.

Symptoms.—Headache, oppression of the chest, and burning fever with quick pulse; inability to speak; deep slumber, from which he could not be roused; muttering to himself.

Treatment.—Crotalus 30 effected a speedy cure. Genl. Hom. Jour., vol. 39, p. 280. Dr. WEBER.

10. CUPRUM- AND PLUMBUM-ACETICUM.

GENERAL REMARKS.—BEER, of Vienna, in 5 cases, found Copper to be homœopathic to very severe headache, slight delirium, convulsive movements of the legs, great exhaustion, and somnolence, which in 3 cases amounted to coma. From CHRISTISON's remarks we also learn that it is often homœopathic to violent headache and other affections of the brain, in which symptoms of narcotism appear first, and are followed by irritation.

It is also peculiarly homœopathic to Apoplexy which arises from disorder or disease of the liver; to the brain-affections which are so common in bilious persons, and in those who have acute or chronic jaundice, although we will soon see that Phosphor. also deserves attention.

From DANA's American edition of TANQUEREL's work on *Lead Diseases*, we learn that Lead is decidedly homœopathic to some varieties of coma and partial Apoplexy. It is so when the patient suddenly falls into a comatose state in the midst of an appearance of good health, or during the course of severe colic. In the highest degree of this variety of disease,

the patient is immovable, the limbs gathered upon the body, the eyes closed or half closed, and snoring may be heard like that from one in a sound sleep; from time to time the patient utters heavy groans, but if spoken to he cannot be roused from the comatose state in which he is plunged; still at times, if he be pinched sharply, he may open his eyes, look around, and then fall again into his lethargic sleep without replying to any question. Involuntary automatic movements of the head, trunk, and limbs take place from time to time; the pupils may be dilated or contracted, and light either has no effect upon them or else causes them to slowly contract; sensibility and motion are lessened, but not abolished; the jaws are firmly clenched; and from time to time there may be an abrupt motion of the lips accompanied with a strong expiration, a movement common in Apoplexy, and often called "smoking the pipe."

Lead is also homœopathic to a sub-delirious form of coma; the patient after having been plunged into a sleep, more or less profound, seems to awake suddenly, opens his eyes, nearly always mutters the same unintelligible words, or distinctly pronounces them without any meaning; he may turn, and turn again in his bed, rise and take the most fanciful postures, and then finally fall back into his first sleep. If he be briskly aroused from his lethargic state, he at first opens his eyes a little, then closes them immediately, or if he opens them completely they look fixed and haggard, and if he then be questioned with much earnestness he will sometimes look fixedly at the person without speaking, or else he replies in a stammering, very laughable and sing-song manner; there is a constant tendency to repeat the same, or similar sounding words.

Sometimes when the patients are awakened from their stupor, their harsh jargon often expresses discontent, and they turn with ill humor away from their interlocutor; sometimes when they are awakened, they articulate the first words of a reply, and mutter the rest as they fall again into their stupor. In some cases they can give a rational reply if it does not require more than one word, such as yes or no. All the organs of the senses are blunted.

Lead is also homœopathic when these two varieties of simple coma and sub-delirious coma occur in alternation, or appear and disappear without any particular order of occurrence. Lead is peculiarly indicated when the above states set in without premonitory symptoms, and almost instantaneously; but it is very rare that the comatose variety occurs alone, without being preceded or followed by delirium or convulsions.

Lead-Atrophy of the Brain.

In 21 cases Lead proved homœopathic to a flattening and shrinking of the convolutions of the brain, with increase or diminution of the firmness or cohesion of the medullary substance, and of the size of the brain. In 19 cases, to yellowness of the substance of the brain; in 32 other cases there was serous infiltration, more or less slight; congestion of the membranes of the brain, more or less great; and diminution of the consistence (softening) of the white cerebral substance, without any change of color.—Tanquerel says, that the shrinking and flattening of the cerebral convolutions deserve serious examination, because they have been noticed by numerous and skilful observers, and consequently are worthy of the highest credence—in some of these cases there was also an increase of the volume and consistency of the brain, in fact, an hypertrophy; but in other cases there was also a flattening of the cerebral convolutions, with diminution of the size of the brain, in short there was either an atrophy, or at least a shrinking, or condensation of the cerebral mass. In other cases there is only a turgescence of the cerebral tissue.

It will be seen that if homœopathy be true, Lead must prove a most important remedy in some of the most serious chronic affections of the brain; in acute swelling of the brain, in hypertrophy, in white or yellow softening, in atrophy and induration of the brain.

Rokitansky in particular has laid great stress upon the more or less frequent occurrence of premature atrophy of the brain in Apoplexy, associated or not with manifest premature senility of the whole organism—he thinks it a very important condition in itself, but it also becomes still more so from its

immediate and subsequent consequences. These consequences are:

(*a.*) Congestion of the brain, or *Hyperæmia ex vacuo*, giving rise to those transient or protracted attacks which simulate Apoplexy, and are so frequent in old age.

(*b.*) *Actual Apoplexy*, with hæmorrhage, is one of the most common consequences of atrophy of the brain, and the congestion to which it gives rise.

(*c.*) *Œdema of the brain* is a very common occurrence in the atrophied brains of the aged and imbecile—it may be chronic or acute.

Atrophy when it involves the whole brain and has reached a certain degree, terminates fatally either by paralyzing the brain, or through some of the consequences described above. (See page 29.) PETERS.

SCHMID found Cuprum-acet. exceedingly useful in nervous Apoplexy marked by loss of consciousness, twitchings of the face, distortion of the mouth, partial paralysis and distortion of the tongue, paralysis of the tongue, immobility of one or the other limb.—Hygea, vol. 12, p. 127.

Dose. NOACK advises 1 grain doses of the 1st, 2d, or 3d trituration; or 3 or 4 grains of the 100th, 150th, or 200th, in a tumbler of water, a tablespoonful to be given every quarter, half, one or two hours. PETERS.

10. FERRUM.

See pages 18 and 19.

11. IPECAC.

CASE 39.—In an attack of nervous and serous Apoplexy, attended with dizziness, paralysis of the lips, inability to speak, flow of spittle out of the mouth, and paralysis of the limbs, much good was accomplished with Ipecac.: but Cocculus was necessary to perfect the cure. (See case 17.) Dr. RUMMEL.

12. GLONOINE.*

This extraordinary remedy promises to be useful against headaches, congestion of the brain, and congestive apoplectic

attacks. It is particularly indicated, according to HERING, against throbbing headache, aggravated by shaking the head, and attended with great quickness of the pulse, which may range as high as 120 per minute, and even more; it is more homœopathic to these symptoms than any known remedy.

It is also indicated against: "sensations of swelling about the face and neck; uncertainty of step; dizziness from moving the head; heaviness of the head, especially over the eyes, and extending to the ears; dull headache, with warm sweat on the forehead. Headache ascending from below upwards, especially on the *top* of the head; from within outwards, especially in the temples, with feeling as if the brain were swelling, or getting too large; fulness in the head, especially on the top, with throbbing and heat. *Congestion to, and heat* of the head. *Throbbing* in the forehead, *temples* and vertex, extending back into the nape, increased by every step, and by every motion of the head. A bruised and sore feeling in the head. The pain, heat and fulness of the head are peculiarly apt to ascend from below upwards, i.e., to commence in the chest, nape of the neck, or occiput, and then pass up into the upper part of the head. Shaking of the head aggravates the pain very much. The headache is attended with quick pulse, redness of the face, and perspiration of the forehead, with redness of the eyes, heat in the eyeballs and lids, soreness and aching of the globe. HERING.

There may be sparks, spots, and dimness before the eyes; fulness and noises, with sense of stoppage of the ears; pain and stiffness of the jaws; nausea and vomiting; increased flow of clear, spastic urine; (an unfavorable sign in Apoplexy, according to SCHŒNLEIN); suppression of menses, with congestion to the head and chest, or with headache and fainting fits.

Also oppression of the chest, sobbing, violent palpitation of the heart, pain and stiffness of the nape of the neck (from congestion of the brain); pain, throbbing and fulness in the nape; pain, heat and shivering down the whole of the back; heaviness, weakness, and numbness of the arms, with pain and trembling; fainting fits; throbbing, crawling, thrilling,

and curious feeling of warmth through the whole body, moving from above downwards; twitchings of the fingers; yawning, with congestion to the head; sleepiness; feeling of warmth, especially in the face, and ascending from the pit of the stomach to the head; perspiration, especially on the face.

HERING also advises it against the effect of mental-concussions or shocks, fright, or mechanical injuries of the head; in congestions of the head, Apoplexy, headaches, and sun-stroke.

CASE 40.*—Dr. ZUMBROCK, subject to frequent attacks of headache, almost always after taking cold, and always on damp days; they generally lasted a whole day, or longer; always commenced in the occiput, and spread from there over the whole head; were increased by shaking the head, but relieved by gentle walking, especially in the open air. During the attacks his face became red, he could not see distinctly, and he had black specks before the eyes.

Treatment.—Aconite and Bellad. did not relieve, but Glonoine 1-300 relieved him quickly and permanently for months.—HERING upon Glonoine, p. 52.

CASE 41.*—A patient, with frightful arthritic pains in the head, and vomiting, followed by a fainting fit, was very quickly relieved by Glonoine, but not cured—in several other cases it only produced transient relief. Dr. GEIST.

CASE 42.*—Flushes of heat and congestion of blood to the head, in a lady predisposed to Apoplexy, were quickly relieved by Glonoine. Dr. OKIE.

CASE 43.*—In two cases of throbbing headache in the forehead, and between both temples, with violent palpitation of the heart, and throbbing of the carotids, speedy relief was induced by Glonoine 2. Dr. DURHAM.

CASE 44.*—A young man, from working in a garden, in the hot sun, was taken with nausea, violent headache, which soon became throbbing, and attended with fever; his face had a yellowish red color, his eyes were fixed, dull and glassy,

pupils contracted, pulse quick and small, he could scarcely speak, and had frequent retching to vomit.

Treatment.—This case, and several similar ones, were quickly cured by Glonoine. Dr. Campos, of Norfolk.

CASE 45.*—A delicate woman had headache upon the vertex and in the temples, which, without being throbbing, increased and diminished in intensity, and some of the exacerbations were so severe that she almost wished to die; her pulse was small, weak, and not quick.

Treatment.—Relieved quickly by Glonoine 12. Dr. Hering.

CASE 46.*—Rev. Waage had severe symptoms from an over-dose of several hundred globules, but remained free from an accustomed sick-headache from Nov. to May, *i.e.*, for six months.

Symptoms.—The attacks occurred at every opportunity; commenced suddenly with the illusion, as if the focus of the left eye were changed; he then saw everything half-light, half-dark, and felt as if he must die; in half an hour inclination to vomit set in, he was obliged to sit down, and then it seemed as if a cloud rose up and melted away, when his sight would be restored, but the most violent headache would arise and persist until he vomited. This headache was always on the left side. Dr. Hering thought the attacks would ultimately lead to Apoplexy, if not cured.

Treatment.—Every variety of homœopathic treatment had been tried without benefit until Glonoine was given. Dr. Hering.

CASE 47.*—An aged nurse, suffering with chronic disease of the heart, was frequently attacked with violent headaches, lasting all day, especially in damp, foggy weather. The pain was tearing, ascended from the occiput up to the vertex, where it became throbbing; motion and stooping increased it; lying down relieved it; she also had a sense of fulness, as if from rush of blood to the nape of the neck and head.

Treatment.—Relieved in one hour by Glonoine 12; this

high potency did not relieve other attacks, and Platina had to be resorted to. Dr. RAVE.

CASE 48.*—Congestion of blood to the head in a pregnant female, attended with paleness of the face, loss of the senses, and falling down unconscious, with cold sweats.

Treatment.—This and other cases were relieved by Glonoine 6, or 12, or 30. Dr. HERING.

CASE 49.*—Many cases of headache just before menstruation, or during the monthly period, or just after it has ceased, or when it does not appear, especially when there is fulness of the head, with or without redness of the face and eyes, with throbbing pains, or the most violent throbbing and rending ones, may be relieved almost instantaneously by Glonoine 6, 12, or 30. Dr. HERING.

CASE 50.*—A plethoric girl, ever since she began to menstruate, became subject to attacks of congestion to the head, alternating with rush of blood towards the heart; her face was pale at times, red at others, and such attacks sometimes occurred five or six times a day; she was apt to fall down insensible.

Treatment.—Glonoine, repeated every two hours, cured this case, and also another in which there were alternations of congestion to the head and heart, with loss of consciousness, spasms, and frothing at the mouth. Dr. OKIE.

Dose. In these cases, and those already reported in my book on Headaches, (p. 115,) the 1st dilution was used in one case; the 2d in one; the 3d in three instances; the 6th in four cases; the 9th in two; the 12th in six; and the 30th in two cases. It is probable, from the experience of WAAGE, if larger doses had been used in some of the cases, the result would have been far better. PETERS.

13. HYOSCIAMUS.

GENERAL REMARKS.—Dr. Schneller experienced from $1\frac{1}{3}$ grains of the extract: confusion of the senses, weakness of sight, some difficulty of speaking, and a by no means disagreeable state, like that of slight intoxication. From 2 grains:

confusion in the forehead, afterwards of sight and hearing, followed by restless sleep. From $3\frac{1}{2}$ to 4 grains: dull frontal headache, followed in seven hours by cloudiness and weakness of sight, and slowness of the pulse. From $4\frac{1}{4}$ to $4\frac{3}{4}$ grains: confusion of the head, frontal headache on the left side, dimness of vision, frequent inclination to yawn, and sleepiness. From $11\frac{1}{4}$ grains: giddiness, reticulated vision, frontal headache on the right side, and sleepiness.

Choquet, in the persons of two soldiers, found it homœopathic to giddiness, stupidity, speechlessness, with dull and haggard look, dilatation of the pupils, and such great insensibility of the eyes to light, that the lids did not wink when the cornea was touched; their pulses were small and intermitting; breathing difficult, jaws locked, and mouth distorted by risus sardonicus.

Christison asserts that it is homœopathic to loss of speech, dilatation of the pupils, coma and delirium, generally of the unmanageable, but sometimes of the furious kind. Also to that singular union of delirium and coma which has been termed *Typhomania*. Wibner found it homœopathic to profound coma, but when the prostration and somnolency went off, extravagant delirium set in, and the patient became quite unmanageable. Christison also says that it is homœopathic when delirium precedes coma, and when the coma passes off, the delirium is apt to return for some time. Loss of speech is regarded as one of its most common effects. Vogt admits that it is homœopathic to vertigo, heaviness of the head, sleepiness, confusion of the head and headache, and when the senses commence to deceive one, so that taste and smell are diminished, noises are heard in the ears, and illusions of vision, such as flimmering before the eyes and double vision, occur. In one case it caused impotence which lasted for eight months.

According to Attomyr, Hyosciamus is indicated against the premonitions of Apoplexy, when there is vertigo with dimness of sight, and staggering to and fro like a drunken person; when the memory is weak, spirits depressed, with red-

ness of the face and dilated pupils; when the nose is apt to bleed, the speech difficult and inarticulate, with sense of crawling and falling asleep in the hands and limbs; great debility, disinclination to move or work, inclination to faint; great drowsiness, with gritting of the teeth.

It is homœopathic in attacks of Apoplexy with snoring respiration; against those profound and long-continued slumbers which are apt to end in Apoplexy; when epileptic attacks occur in alternation with apoplectic conditions. When the patient falls suddenly to the ground with entire loss of consciousness; when the breathing is quick and rattling, interrupted by snoring and choking.

When the eyes are fixed and inclined to squint; or are open and roll from side to side; or are protruded forwards, and move convulsively; the pupils being widely dilated. When the patient's face looks as if he were drunk, or is distorted, bluish, or earth-colored, and the jaw is dropped. Or when the color of the face varies from being pale and cold, to a bluish, or red and swollen state, or to a brownish red color.

When there is inability to speak or swallow, the throat being contracted or paralyzed, so that the patient is obliged to spit out the things which he has taken into his mouth.

Also when there is looseness of the bowels, with urging to urinate, retention of urine, or paralysis of the bladder.

Hyosciamus acts more like Opium than any other remedy, except that it is more apt to cause nervous irritations of various muscles, marked by twitching of the eyes and face, and jerkings of the limbs. It is homœopathic in those cases in which Opium seems indicated, yet the pupils are much dilated. It acts more powerfully on the vascular system than Conium, yet not so much as Bellad. and Stramon. PETERS.

CASE 51.—An unmarried lady, aged 59, fell into a comatose state, with frequent snoring, from which she could only be roused imperfectly for a few moments by hard shaking, and loud speaking; still she could answer no questions, neither

could she swallow; her excretions were passed involuntarily. Her face was red, the veins of the body were distended, her pulse quick and full; this condition of things had already lasted for several days; and there was much numbness of the hands.

Treatment and result.—A few drops of Hyosciam. 3 were put in a wineglassful of water, and a teaspoonful given several times a day, with such good effect that she was almost well in ten days. Bellad. perfected the cure.

In the course of the following year the same patient was suddenly attacked with bloating of the face, staggering-dizziness, distortion of the mouth, twitching of several muscles of the face, with entire inability to speak, although she was perfectly conscious.

Treatment.—She was perfectly restored in six days, by means of Laurocerasus 3, given as above directed for Hyosc. Dr. ELWERT.

Drs. OZANNE and LADELCI have used Hyosc. with benefit, as an intercurrent remedy in several cases of Apoplexy.

Dose. Same as recommended for Conium.

14. HYDROCYANIC-ACID.*

GENERAL REMARKS.—BLACK says it is indicated in Apoplexy, when the patient is quite insensible, the pupils immovable, the breathing stertorous and slow, the pulse feeble and only 30, the features spasmodically contracted, eyes fixed and staring, and turned up, the chest heaving convulsively and hurriedly.

ATTOMYR thinks it homœopathic when there is dizziness, with inclination to sleep, and the head seems to turn round and round. When the eyes are half opened and fixed; pupils dilated and immovable; when the face is sunken, dingy, and gray; breathing difficult and rattling, or slow and almost imperceptible; the pulse small, contracted, and infrequent, or neither quick nor slow, but irregular as regards the force of the beats.

Dose. NOACK advises 1 or 2 drop doses of the 1st, 2d, or 3d dilution, repeated every half, one, two, or four hours, in acute and severe cases. PETERS.

15. IGNATIA.*

GENERAL REMARKS.—The action of this remedy is very similar to that of Nux, and like it, it is best suited to Apoplexy when attended with convulsions.

CASE 52.*—A man, aged 38, had had an attack of Apoplexy, which weakened his memory of names, but left him tolerably able to attend to his business. But he was again seized with a violent attack; he was copiously bled, but his face and lips still continued livid and swollen; his teeth were clenched; frothy and bloody saliva exuded from his mouth; his breathing was stertorous, and he had general convulsions. He was bled again without relief, and matters seemed growing worse and worse, the patient remaining quite insensible. Dr. GACHAPIN then, in despair, proposed to his colleague the trial of a homœopathic remedy, the indication for which seemed precise, but as this was his first trial of homœopathy, he admitted that he could not predict the result. His colleague consented, and 1 drop tinct. Ignatia, was given in a spoonful of water; this dose was soon repeated, as the patient could not swallow all of the first. In five minutes, the convulsions were violently increased, but they soon began to abate, and gradually ceased. In half an hour consciouness began to be restored, and he soon recovered.—Brit. Jour. Hom., vol. 5, p. 51.

16. NUX-VOMICA.

GENERAL REMARKS.—[Dr. BLACK suggests that Nux may prove homœopathic to the paralytic cases of Apoplexy, in which there is often but little loss of consciousness; it is, however, far more homœopathic to Apoplexy which follows epileptic or other convulsive attacks. According to WOOD and BACHE it acts specifically and principally upon the nerves of motion; its operation is evinced at first by a feeling of weight and weakness, with tremblings in the limbs, and some rigidity on attempting

motion. It also sometimes produces pain in the head, vertigo, *contracted* pupil, and dimness of vision, while sensations analogous to those attending imperfect palsy, such as formication and tingling, are apt to be experienced on the surface. If the remedy be pushed a little farther, there will be a tendency to permanent involuntary muscular contractions, as in lock-jaw, but at the same time frequent starts or spasms occur, as from electric shocks; finally, severe and long-continued spasms arise.

To Fouquier belongs the credit of first applying it in the cure of paralytic affections; Wood and Bache say that his success was such as to induce him to communicate to the public the result of his experience. Other physicians have since employed it with variable success, but the experience in its favor so much predominates, that it may now be considered a standard remedy in palsy. It is a singular fact attested by numerous witnesses, that its action is directed more especially to the paralytic part, exciting contraction in this, before it exerts any perceptible influence upon other parts. It has been found more successful in general palsy and paraplegia, than in hemiplegia, and has frequently effected cures in palsy of the bladder, incontinence of urine from paralysis of the sphincter, amaurosis, and other cases of partial palsy. Wood and Bache also say, that upon the same principle it has been found useful in obstinate constipation from deficient contractility of the bowels; but how do they explain its curing obstinate spasmodic asthma and chorea, which they assert it does?

It may prevent Apoplexy in debilitated persons with scanty urine, and constipated bowels, for Pereira says, it usually promotes the appetite, assists the digestive process, increases the secretion of urine, and renders the excretion of this fluid more frequent, while in some cases it acts slightly on the bowels.

Pereira also says, it is homœopathic when the patient has a feeling of weight and weakness in the limbs, with increased sensibility to light, sound, touch, and variations of tempera-

ture, with depression of spirits and anxiety. Also when the limbs tremble and a slight rigidity or stiffness is felt; finally, when the patient experiences some difficulty in keeping the erect posture, and frequently staggers in walking.

It may also prove homœopathic to Apoplexy of the cerebellum (see page 33), as TROUSSEAU and PIDOUX say it is apt to affect the muscles of the penis, rendering the frequent diurnal and nocturnal erections quite inconvenient, even in those who, for some time before, had lost somewhat of their virility. PEREIRA alludes to two cases of paralysis in which Nux caused almost constant nocturnal erection, while females experience more energetic venereal desires, as proved by confidential communications on this point, which cannot be doubted.

Nux-Softening of the Brain.

According to CHRISTISON both it and Strychnine are homœopathic to softening of the brain and spinal cord, congestion of the brain and its membranes, and effusions of serum and blood. In one case the vessels of the brain were gorged, the membranes of the spinal cord highly injected, and four patches of extravasated blood were found between the spinal arachnoid and the external membrane; fluid blood flowed in abundance from the spinal cavity, where the veins were gorged; the pia mater was injected, and the spinal column *softened* at its upper part, and here and there almost pulpy. There was also congestion and softening of the brain. In another case ORFILA and OLLIVIER found it homœopathic to much serous effusion on the surface of the cerebellum, and *softening* of the whole cortical substance of the brain, but especially of the *cerebellum*. BLUMHARDT, too, found it homœopathic to *softening of the cerebellum*, and congestion of the cerebral vessels, together with *softening* of the spinal cord, and general gorging of the spinal veins. CHRISTISON says, this is some confirmation of an opinion advanced not long ago by FLOURENS that Nux acts particularly on the cerebellum. THOMSON found it homœopathic to much congestion of the whole membranes

and substance of the brain and cerebellum, and even some extravasation of blood within the cavity of the arachnoid, over the upper surface of the brain (See Meningeal Apoplexy, page 35). WATT found it homœopathic to *softening* of the substance of the brain, and lumbar part of the spinal cord.

CASE 53.—A man, aged 63, much addicted to the use of coffee, fell suddenly to the ground.

Symptoms.—He lay snoring, in an unconscious condition; the spittle ran out of his mouth; when loudly spoken to, he opened his eyes, muttered to himself, and then fell again into slumber; his eyes were dim, and the corners filled with purulent matter; the organs of deglutition, and his legs, were entirely paralyzed; his jaw hung down on the right side; he had no fever, but his pulse was full and slow; he grasped towards his head, with his right hand; he had a large, protruding inguinal hernia.

Treatment and result.—Nux-vom. 30 was given him to smell, and five drops were added to an injection; in the course of four hours his consciousness commenced to return, and he attempted to speak. Nux 30 was given internally, and in the course of the following night his rupture was reduced spontaneously; the next morning his speech could be understood, and he could swallow without difficulty, but complained of heaviness of his head, and dizziness. After taking several doses of Arnica 9, he was entirely restored in eight days.—Archiv, vol. 8, part 2, p. 81. Dr. SCHÜLER.

CASE 54.—Lady S., aged 55 years, was attacked with Apoplexy.

Symptoms.—She lay on her back, with rattling respiration; her eyes were fixed, dim, and did not move even when the cornea was touched; the pupils were dilated; thick white mucus collected in the mouth, and her whole body was cold, and without feeling.

Treatment and result.—One drop of Nux 1 was given in water, and repeated in a quarter of an hour; in ten minutes

a tetanic spasm set in, and lasted for two hours, the previously relaxed limbs becoming stiff and rigid; when this subsided she lay quietly, her breathing became regular, a gentle perspiration broke out over the whole body, and although she was unconscious and unable to swallow, still she seemed sensible to touch. One drop of Opium 6 was given, and in one hour she opened and moved her eyes, made signs that she recognized her friends, then fell asleep, and perspired profusely, after which she began to speak. In three days more, she was entirely restored, although very weak.—Gen. Hom. Journ. vol. 24, p. 216. Dr. Scholz.

CASE 55.—A man, aged 49, of medium size, but apoplectic build, had often suffered with rush of blood to the head. He was attacked with confusion of the head, dizziness, and trembling of the limbs.

Treatment.—Aconit. and Nux in repeated doses cured him entirely (see cases 2 and 10).—Hygea, vol. 8, p. 34. Dr. Käsemann.

CASE 56.*—A stout, healthy woman, aged about 50, had been remarkably well until the morning of the same day, when she began to complain of pain in the head and giddiness; her head and face were hot, mouth drawn to one side, the left arm numb, pulse full and strong, but natural in frequency; she complained of dull pain, with fulness in the head, and great drowsiness.

Treatment.—Nux-vom. 3, one drop per dose, to be repeated every quarter of an hour for two or three times, and then every two or three hours, as soon as improvement was observed; by the next day all the above symptoms had disappeared, but she still had a disagreeable dull sensation in the head and slight numbness of the left arm. The Nux was continued every six hours, and by the evening she was quite well, and remained so for at least two months.—Brit. Journ. Hom., vol. 5, p. 49. Dr. Black.

CASE 57.*—A lady aged 51, short-necked, very stout,

face generally flushed and eyes suffused, was suddenly seized with Apoplexy, sank down heavily and became insensible, while stooping over a sick friend. In twenty minutes she recovered her consciousness, but could not open her eyes; her face was flushed, pulse imperceptible, limbs and bowels cold; she had numbness of the tongue, with stammering on attempting to speak.

Treatment.—Hot bottles were applied to her feet, and one drop of tinct. Nux was put in six table-spoonfuls of water, and one teaspoonful given every half hour for two hours, and then every three hours. She became warm in the course of an hour, and then gradually and steadily improved until she was quite well.—Brit. Journ. Hom., vol. 5, p. 52. Dr. Ker.

CASE 58.*—Mrs. B. was suddenly seized with Apoplexy; she had been under homœopathic treatment for some weeks, for numbness of the right hand and arm, and tingling sensation in the ends of the fingers; the fingers were occasionally œdematous; numbness of the right leg; weakness of the whole right side; a painful and indescribable feeling of apprehension; occasional difficulty in pronouncing words; stammers, and says what she did not intend to say; confusion of ideas; sensation in the top of the head as if electrical sparks were being emitted; pain, occasionally in the left temple; dizziness at times, but rarely; the right hand apt to be colder than the left; pulse 70, and weak. She was of a full habit of body, with a short, thick neck, red face and suffused eye; she passed much urine, which deposited a white sediment; bowels were regular; she was troubled with piles, which bled profusely sometimes, and then gave relief to most of her symptoms; her menses were ceasing gradually, and change of life was taking place. She never had any appetite for breakfast, and had nausea immediately afterwards; her appetite was generally not good, tongue coated with a whitish fur, and fulness in the pit of the stomach; she was also apt to have a pricking sensation over the face.

Treatment.— For these symptoms she had taken Nux,

Opium, Bellad., Puls., and tinct. Sulph., with benefit, when the sudden death of a friend excited her greatly, and brought back most of the above symptoms, in addition to violent palpitation of the heart and intense headache, and finally, after making some exertion in a stooping posture, she fell down heavily in a comatose state.

Symptoms.—Her face was swollen, eyes turned up, and breathing stertorous; she remained half an hour in a state of insensibility, and then began to recover consciousness, but there was icy coldness of the extremities, and of the whole surface of the body; her pulse was scarcely perceptible; she had much headache, with sensation of pricking on the top of the head; she could not swallow, spoke with great difficulty and very indistinctly; her eyes were shut, and could not be opened; the stertorous breathing changed to slow, full respiration.

Treatment.—Hot bottles were applied to the abdomen and to the limbs. One drop of tinct. Nux-vom. was mixed in a tumbler half full of water, and one teaspoonful given every half hour. The next day, the skin was warm, pulse stronger, and headache slight, but she had acute pain in the pit of the stomach occasionally; she could open and shut her eyes, and had somewhat recovered the use of her faculties, although there was still a great tendency to mistake objects, and call things by wrong names. Nux was given every four hours. On the following day she was very much better, with the exception of her headache; the pain was acute, and darted from one temple to another, and there was a tendency to faintness. Bellad. 3 was given, without much relief for a day or two; but it was continued, and, in eight days more, she was well enough to go to church.—Brit. Jour. Hom., vol. 7, p. 169. Dr. Ker.

CASE 59.*—A carman, aged 50, very steady and temperate in his habits, was seized, whilst loading his cart, with dizziness and staggering, which caused him to hold by a post to prevent falling. He recovered himself a little, and attempted to drive, but had not proceeded many steps before he fell two or three

times upon his hands, and when he got up, could not stand without support. He became confused in his sight, and could scarcely distinguish the road. He had now a general aching in the head, with a sensation of swimming and lightness, as soon as he moved; his forehead was hot, his pulse slow and throbbing; no thirst, tongue moist and clean, and bowels regular.

Treatment.—Nux-vom. 6, every four hours. The next day he was so much better as to be able to walk out, as he only had a slight headache, with a little dizziness at times, and occasional singing in the right ear; his appetite was better. Continued the Nux, and in three days he was much better still, although he yet had a little dizziness when he stooped, or walked fast. China 3, two doses at intervals of six hours, then Sulph. 12, also two doses at the same intervals of time; he was so much relieved in two days more, that he could stoop without inconvenience, was cheerful and active. Took Conium 6 twice a day, for a momentary return of swimming of the head, recurring once or twice a day.—Hom. in Acute Diseases, p. 175. Dr. YELDHAM.

CASE 60.*—Mrs. M., aged 50, tolerably stout, and generally healthy, had felt heavy in the head for the last fortnight; finally she was seized with a heavy dizziness, as if she had received a blow on the head; this passed off, and she felt pretty well for a time, when she again felt as if struck violently on the right side of the head, and lost all consciousness, without falling from her seat, but her head fell to one side, and her breathing became stertorous. This condition lasted for some hours, when she gradually revived, but found that she had lost the use of the right arm, leg and foot. Her head felt like a dead weight, and there was pain at the top of it; she vomited as soon as she came to, although she had eaten nothing indigestible.

Treatment.—Nux 3, every four hours; by the next day she was much improved, her head felt nearly well, but was somewhat heavy at the back part; the use of the leg and arm had

returned to a great extent. She continued Nux, and on the following day there was still further improvement; she had almost recovered the entire use of her limbs, but had had a slight threatening of a relapse, in a feeling of faintness, and numbness in the tongue, and deep-seated pain in the head. Lachesis 12, three times a day, perfected the cure.—Hom. in Acute Diseases, p. 178. Dr. YELDHAM.

CASE 61.*—A man, aged 70, of herculean stature, robust of his age, stout, plethoric, and accustomed to stimulants, was seized with severe pain in the head, followed in a short time by paralysis of the right side of the face, numbness and partial loss of power of the right arm. His head was heavy and confused, but he was able to sit up, and speak rationally and collectedly, but his articulation was considerably impaired; his mouth was completely drawn to one side, but the paralysis did not extend to the tongue; he complained of a sense of fulness and thickness about the throat; his head was hot, his pulse firm and regular, and a little quick.

Treatment.—Nux-vomica 6, every four hours; on the next day his head was much relieved; it was not so heavy and confused, and also cooler to the touch. He repeated the Nux every six hours, and then only once a day for eight or ten days; the muscles of the face, arm, and hand gradually recovered their tone, and at the end of fourteen days there was scarcely any trace of the attack remaining.—Hom. in Acute Diseases, p. 179. Dr. YELDHAM.

CASE 62.—A lady, aged 27, eight months pregnant, and of a phlegmatic temperament, had suffered for several weeks with dizziness, both while at rest and when moving about; she was often in danger of falling, especially after dinner; she had aching pains in the forehead, intermingled with sharp stitches, especially early in the morning, while in bed; burning in the stomach after every meal, and frequently recurring flashes of heat.

Treatment.—She was entirely cured by 4 doses of Nux 18, six globules each. In her next pregnancy, a similar

dizziness and headache were relieved by Nux 18.—Diez, p. 176.

CASE 63.—Mrs. L., aged 54, who had not menstruated for seven years, was suddenly attacked, ten days ago, with dizziness, which was so much increased by stooping, and looking upwards, that she was obliged to hold on to something to prevent her falling; she also had slight signs of blind piles. She had been bled by another physician in order to prevent Apoplexy.

Treatment.—After taking Nux 12, she was entirely relieved of her vertigo, on the following day.—Diez, p. 177.

CASE 64.—A powerful man, aged 40, without any peculiar predisposition to Apoplexy, had suffered with dizziness for four years; he also had had itching of the skin for ten years, ever since an attack of itch.

Symptoms.—The dizziness was preceded by a tense headache, with heat in the forehead, both disappearing when he was quiet; then the vertigo set in suddenly like an electric shock, so that his senses seemed to leave him, although he did not fall down; attacks of dizziness even occurred during the night, and waked him up from his sleep; he generally awoke early. His digestion was good, except that he was occasionally troubled with heart-burn. Although naturally of an equal temper, if he became irritable, passionate, or anxious, vertigo would set in, preceded by yawning.

Treatment.—Nux-vom. was given, one dose every three days, and soon removed everything, except slight traces of vertigo. Then six doses of Sulphur, at intervals of eight days, cured him entirely, and he remained well for years.—Hygea, vol. 3, p. 12. Dr. Griesselich.

CASE 65.—A patient, aged 55, had been obliged to keep his bed for sixteen weeks.

Symptoms.—He is scarcely ever able to get or sit up; even the slightest change in the position of his head, such as occurs in eating, brought on such a turning and falling ver-

tigo, with dimness of vision and nausea, or even retching and vomiting, that he was obliged to desist. When he was obliged to rise, he could not walk without assistance, from fear of falling. He had heaviness and aching in the head, loss of appetite, and constipation, with violent hiccough.

Treatment.—After taking Nux 3, two drops per dose, every night and morning, he was soon relieved of vertigo, nausea, and vomiting.—Gen. Hom. Jour., vol. 34, p. 88. Dr. Elwert.

CASE 66.—A man, aged 36, of delicate constitution, remained dizzy, after an attack of nervous fever; he staggered while walking, and often came near falling; he also had a permanent pain in the left side of his chest, increased by coughing and breathing.

Treatment.—Bryon. 3 relieved his side, but the dizziness did not leave him until after he had taken Nux 3.—Dr. Diez, p. 177.

According to Rückert, the clinical indications for the use of Nux, in the above cases of dizziness, are: The sudden occurrence of vertigo, coming on like an electric shock, with loss of consciousness, but without falling; attacks of dizziness while asleep at night, so that he seems to waver or stagger in his sleep; inability to sit or stand up; every motion of the head, even in eating, brings on a turning-, staggering-vertigo, with dimness of vision and nausea; dizziness when stooping, or looking upwards, with danger of falling.

Dose. The pure Tincture was used in four cases; the 1st dilution in one case; the 3d dilution in five cases; the 6th in two cases; the 12th in one case; the 18th in two cases; the 30th in one case. The doses were repeated every quarter, or half hour, in urgent cases; every two, four, or six hours in less severe attacks. Noack advises one drop doses of the 1st or 2d dilution, repeated every one, two, or three hours.—Peters.

17. OPIUM.

General Remarks.—The indications for the use of Opium in Apoplexy are so well known, that it will be unnecessary to

dwell long upon them; still, as SCHMID truly says, it deserves the first place in the attention of the physician who treats disease according to the law "*similia similibus curantur.*" It is most indicated when the face is of a mahogany red color, the pupils very much *contracted*, the sleep profound, the limbs motionless, but not absolutely paralyzed, the pulse full and slow, skin hot and perspiring, the urine retained or suppressed, and the bowels obstinately costive (see pages 23 and 24). *Nux-vomica* is most homœopathic, when the face is pale or livid, the pupils much *contracted*, and the limbs powerfully convulsed, or rigidly contracted. *Belladonna*, when the face is much flushed and bloated, the pupils excessively *dilated*, the limbs either motionless, or but slightly convulsed. *Hyosciamus*, when the face is pale or flushed, pupils dilated, and twitchings of the eyeballs, muscles of the face, and risus sardonicus, are present. *Aconite*, when the face is pale or livid, the pupils much *contracted*, pulse very feeble, and much numbness and tingling are present.—PETERS.

(*b.*) ATTOMYR's indications for the use of Opium are the presence of dull stupefaction, with dimness of the eyes, and extreme weakness; or great activity of mind, and inclination for earnest and important labors.

Unusual redness of the face, with swelling of the lips; very red face, with wild, protruding and very red eyes; open and turned-up eyes; paralysis of the eyelids. Spasms of the facial muscles, convulsive trembling of the face, lips, and tongue. Distortion of the mouth.

Oppressed, difficult, and irregular breathing. Respiration at times loud and snoring, then heavy, and then again very weak. Panting, loud and difficult breathing; single, slow respirations, followed by absence of breathing for several moments; long and sobbing respiration; short and snoring respiration, with absence of breathing for half a minute; loud, difficult and rattling respiration. Snoring in sleep.

Pulse weak, suppressed, small and slow; pulse at first full and slow, then weak; slow pulse and breathing; pulse large and slow, with slow, heavy, and deep breathing.

Numbness and insensibility of the limbs, coldness of the body, paralysis of the arm and limbs.

Heavy, stupid sleep; unrefreshing sleep, with profuse perspiration; dreamy and restless sleep, with frightful or pleasant dreams.—ATTOMYR.

CASE 67.—A man, aged 50, addicted to the use of spirituous liquors, oppressed with much care and sorrow, had suffered for a long time with sleeplessness, anxious dreams, and congestions of blood.

Symptoms.—The attack was preceded by vertigo, dulness and heaviness of the head, dulness of the senses, difficulty of hearing, noises in the ears, indistinct speech, staggering walk, fixed staring before him, and sleeplessness, followed by asthmatic oppression of the chest, spasmodic jerkings of the limbs, loss of consciousness, and an apoplectic condition.

Treatment.—He was bled, and had ice applied to his head; consciousness returned in a few hours, attended with the following condition: Excessive excitement; he laughed much, spoke much unconnected and confused stuff; he did not know those around him, and kept grasping constantly towards his head; his face and eyes were red, and his pupils dilated. Tinct. Opium, in 1 drop doses, at suitable intervals, removed all the preceding and subsequent symptoms, and even prevented a return of the attacks.—Gen. Hom. Jour. vol. 5, p. 305. Dr. KNORRE.

CASE 68.—A man, aged 75, with inclination to Apoplexy, the premonitory symptoms of which had often been removed by *Bellad.*, suffered with the following symptoms: Indifference to everything; he spoke little, stared fixedly before him; could not readily recollect himself; the right corner of his mouth was drawn up more than the left; his pulse was full, soft, and bounding.

Treatment.—Bellad. 1, two drops per dose, every three hours, did not relieve him at all; then Opium 2d dilution, one drop every two or four hours, removed the apathy, mental confusion, and distortion of the mouth so completely, that,

by the fourth day, the patient could be regarded as cured. —Gen. Hom. Jour., vol. 21, p. 233. Dr. Frank.

18. PHOSPHOR.

General Remarks.—This remedy may be useful in some of those cases of Apoplexy occurring in debilitated subjects, in which Ammonia is generally relied upon. It is a powerful, diffusible stimulant; exciting the nervous, vascular and secreting organs. It creates an agreeable warmth in the body, increases the frequency and fulness of the pulse, augments the heat of the skin, heightens the mental activity and muscular powers, and operates as a powerful sudorific and diuretic.—Pereira. It is homœopathic to Apoplexy of the cerebellum, and that which arises from great excitement of the sexual organs (see page 33). It is also homœopathic to Bilious Apoplexy (see page 47). Dierbach recommends it in the last stages of Typhus and Apoplexy, when the exhaustion of the body has reached its extremest degree, and speedy death is to be feared; when the pulse is small, sunken and soft; the limbs cold; hiccough has set in, with difficult swallowing, coma, rattling respiration, cold, clammy sweats, and even when the death-struggle seems to have set in.—Peters.

CASE 69.—A maiden, aged 21, with short and muscular frame, fell down suddenly in the yard, on a cold, misty morning, and seemed dead.

Symptoms.—Loss of consciousness; the powers of life seemed quite extinct; she was motionless, pulseless and breathless; her face was red, but the rest of her body cold; neither speaking, shaking, or rubbing her, produced any sign of consciousness, but she seemed to feel deep pricks with a needle in the soles of the feet.

Treatment.—She was restored by the use of Phosphor 60. Dr. Schmid.

CASE 70.—A woman, aged 75, who had been reduced by previous blood-letting and hæmorrhage, was attacked with Nervous Apoplexy, and seemed in a hopeless condition.

Treatment.—She received Phosphor 1st dilution, 3 drops per dose; signs of life returned in a quarter of an hour, and then she took only 1 drop per dose, every hour. At a later period, she took 1 drop of the 6th and 12th dilution, every night and morning. In 10 days she was able to leave her bed.—Gen. Hom. Jour., vol. 1, p. 67. Dr. Sturm.

CASE 71.*—A man, aged 35, of full habit, healthy, but anxious about business, arose in the morning not quite well; he was dizzy and staggered, but went down town, where he became stupid and heavy, lost his way, and wandered about; a friend brought him home; he was cold, and when put to bed soon became stupid and unconscious; his face was flushed.

Treatment.—He took Bellad. 3; reaction with fever soon set in, and Aconite was given; but he remained unconscious, his breathing became stertorous and snoring, and he could not be roused. Then Opium, 2 drops of the tincture, was put in a tumbler half full of water, and a teaspoonful given per dose; improvement soon commenced; he could be roused, and was able to put out his tongue. The next day he was comparatively well.—Minutes of Pathologico-Therapeutic Society. Drs. Ball and Kinsley.

CASE 72.*—A lady in the habit of taking heavy suppers, with wine, went to bed not very unwell, but her husband was awaked at night by her noisy breathing and snoring; her face was flushed, and she could not be roused.

Treatment.—Tinct. Opium, 1 drop per dose, every half hour; she could be roused at the end of six or eight hours, and recovered with paralysis of one eyelid and arm, which lasted for two or three months. Is now well.—Ibid. Dr. Ball.

CASE 73.*—A child who had been sick for three or four days, finally became stupid, and could not be roused. It recovered entirely under the use of Opium.—Ibid. Dr. Ball.

CASE 74.*—A man, subject to attacks of dizziness, fell down insensible, and remained unconscious for twenty hours;

then he slept heavily, but could be roused; his skin was hot, and pulse 65.

Treatment.—He recovered under the use of Opium, aided by Aconite and Arnica.—Ibid. Dr. Stewart.

CASE 75.*—An old woman, addicted to the use of liquor, was found lying speechless and powerless upon the floor; her mouth was drawn to one side; the right arm and leg were paralyzed.

Treatment.—She was bled, and remained for twenty-four days in a very precarious state, but finally recovered entirely under the use of Opium 3, Bellad. 2, and Hyosc. 3.—Brit. Jour. of Hom., vol. 5, p. 65.

CASE 76.*—A man, aged 41, not very robust, had felt queer and confused in the head, for a week; purgatives did not relieve him; he staggered and reeled like a drunken man, appeared to have lost nearly all command over his movements; the left arm hung powerless by his side, and the left leg was scarcely more obedient to his will. He could not sit up without being held; his head dropped down, he spoke thickly and indistinctly, breathed spasmodically, and was very sleepy.

Treatment.—Opium 3 was given every two hours. The next day he felt better, could walk more steadily, and raise his left arm; his head was still light. Under the use of Nux 6, and Bryonia 6, for indigestion and cough, he recovered perfectly in about ten days.—Dr. Yeldham.

APPENDIX.

ON THE NATURE AND TREATMENT OF SOFTENING OF THE BRAIN AND PALSY.

Softening of the Brain is so closely related to, and so frequently connected with Apoplexy, that it would be almost inexcusable to pass it over entirely here. Rochoux, and others, even maintain that the texture of the brain is almost invariably softened prior to the occurrence of apoplectic effusions, which they suppose are occasioned by the imperfect support afforded under these circumstances to the blood-vessels of the brain. Although exceptions to this rule are by no means few, Rowland admits that, in many cases of Apoplexy suddenly fatal, the brain is not only found softened, but also bearing the marks of previous disease.

Again, one of the most remarkable varieties of the disease is the *Apoplectic Softening*, so called from the suddenness and severity of the attack; comatose seizures are common to all its forms, but sometimes the case assumes all the peculiarities of Sanguineous Apoplexy; although precursory symptoms of some kind generally precede these attacks, such as headache, failure of intelligence, inaptitude of expression, pains and weakness of the limbs, or other marks of disturbance of the brain; but these warnings are generally extremely indistinct, when the comatose attack occurs.—Rowland.

The relation of this disease to Apoplexy is also manifested in the manner of death; in seventy fatal cases, the death was comatose in as many as forty, either from a sudden apoplectic

seizure, or by stupor gradually increasing to coma; in six of these cases the death was sudden; the patients being taken off unexpectedly while in their usual health, or were found dead, no danger having been immediately apprehended. It is sometimes exceedingly difficult to distinguish the coma of Apoplectic-softening from that of Hæmorrhagic-apoplexy, and Rowland even thinks that many of the premonitory symptoms, usually enumerated among the precursors of true Apoplexy, are referable, in reality, to Softening of the Brain. Thus, in seventeen cases out of twenty, of *Hæmorrhagic-apoplexy*, in which a clot of blood was found in the brain after death, the attacks were sudden and entirely without warning; in the remaining three cases of Apoplexy, the precursory signs were headache, vomiting, vertigo, loss of recollection, drowsiness, and, in one instance, convulsions;—while, on the other hand, in twenty cases of *Softening of the Brain*, the comatose seizure was preceded by premonitory signs in all but two cases. In sixteen cases out of eighteen, headache was a prominent symptom before the attack; it generally came on severely, either a few hours, or sometimes several days, before the appearance of more decided symptoms; there was more or less loss of motion prior to the comatose attack in twelve cases; the Palsy was ingravescent in five cases, gradually increasing from a slight feebleness of the limb, to more or less complete paralysis. In thirteen of the cases of Softening, the intellectual faculties were disordered in some degree very early in the disease; in seven cases, some symptoms connected with speech or articulation were observed before the sudden or apoplectic seizure.—Rowland.

Hence we may draw the conclusion that, in the majority of cases in which the attacks are quite sudden, or without evident warning, the probability is great, that the case is one of Sanguineous- or Hæmorrhagic-apoplexy; while, when there are many precursory symptoms, the probability is equally great that Softening is present. Headache and giddiness, however, are common to both affections at their commence-

ment; but in Softening, the subsequent course is more characteristic. The dulness of comprehension, vacancy of expression, forgetfulness, especially in regard to language, and hemiplegic threatenings leading to an apoplectic seizure, are finally sufficient to indicate the presence of Softening.

The apoplectic paroxysm is precisely alike in both diseases; but in the one case, the frequent transitory character of the coma, its sudden termination and frequent repetition, resembling, in this respect, the epileptic paroxysm, are characteristic of Softening. The presence of contraction of the palsied limbs is also a very reliable sign of Softening; but increase of sensibility of the paralyzed part is not, for they commonly become painful when a clot exists, either from the irritation of the clot, or from the occurrence of inflammatory Softening about it, or from an irritation probably depending upon a curative process going on in the brain.—Rowland.

Apoplectic-softening corresponds to one variety of red-softening in which the blood is either stagnated in the minute vessels of the softened part, or else infiltrated into it, or both combined. In recent cases the softening has a deep- or dusky-red tint, which passes into a dark brown. There are no exudation corpuscles, coagulable lymph, or pus globules to be detected by the microscope; venous congestion, hyperæmia, and extravasation of blood, are the principal appearances besides the Softening.

Treatment.—Nux and Opium are the most important remedies.

Of course all cases of Softening of the brain are not apoplectic in their nature; some are acute, others inflammatory, or ataxic, or chronic, or latent. There are as many pathological varieties, viz., red, white, yellow, and dark softening; also softening from œdema, and fatty degeneration of parts of the brain.

INFLAMMATORY SOFTENING.

According to Rowland, the symptoms of this variety are not always as clearly defined as might be expected, for the

disease is usually confined to a small portion of the brain. The attack does not often commence with a distinct chill, or the other phenomena that mark the onset of inflammation in vital organs; in some cases, however, there are acceleration of the pulse, heat of skin and scalp, and other signs of fever, especially when the disease occupies the surface of the brain. The first circumstance to excite attention is usually headache, which is not always severe, but it is excessively harassing; the pain seems to dart through the brain, and to proceed from the centre of the organ, occupying now one spot, now another, but having no fixed seat; it is always *paroxysmal*, and sometimes intermittent. Accompanying the headache there may be confusion of thought, and a settled apprehension that the mind will be destroyed; at night, restlessness, excitement, and delirium come on, and sometimes a convulsive paroxysm. These cases are apt to be attended with nausea and vomiting.

Shortly afterwards, signs present themselves that foreshadow the coming danger; unusual sensations are felt in one or both limbs of the same side; tinglings, prickings (*pins and needles*), or numbness, with some degree of weakness, alarm the patient with threatenings of palsy. At this period the headache has probably fixed itself in one region, which in many cases is on the side opposite to that of the limbs whose functions are impaired.

The second stage of the disorder now begins; the delirium and restless excitement, the feeling of apprehension or terror, give way to stupor, or indifference; the headache and vomiting cease, and the patient lies in a state of mental and bodily torpor; the memory fails, there is great difficulty in comprehending questions, and in recollecting words suitable for a reply; the face is dull and heavy, the pupils contracted, or sometimes dilated, and insensible to light; the paralysis of one side becomes more confirmed; the pulse is slow; the skin at one time flushed, at another covered with a clammy sweat; the tongue is reddish and inclined to dryness; the appetite bad, and bowels constipated.

The further progress of the disease varies in different patients. Many have an attack of coma or somnolence from which it is impossible to arouse them; several such seizures may occur within a short period of time; or with the senses apparently intact, and the intelligence in some degree remaining, the power of utterance is suspended, and not a syllable can be formed upon the lips, (Hyosc.) The palsied limbs are variously affected; they are often extremely painful (Acon.); sometimes they are moved convulsively (Bell., Stramon., Op.); at others kept in a state of tonic spasm, by the action of the flexor muscles, the limbs remaining permanently contracted, (Nux, Plumbum, Iguat.) This peculiar contraction of the muscles is regarded as characteristic of softening of the brain. —Rowland.

In other cases, the patient sinks gradually into coma (Opium); emaciation proceeds rapidly (Iodine); the pulse is quick, and sometimes intermitting (Glonoine); the tongue is parched and encrusted in the centre (Opium, Plumbum, Glonoine, or Alumina); the teeth and gums are covered with sordes; the eyelids are glued together; bronchial râles are heard in the chest; the patient becomes stupid, cannot swallow, passes his evacuations involuntarily (Hyosc.); and finally sinks into the most profound insensibility (Hyosc. and Opium).

Inflammatory Softening of the brain corresponds with one variety of Red-softening, viz., that in which plastic exudation, and a large proportion of coagulable lymph, are mixed up with blood globules. The prevailing color of the affected part of the brain is a pale red, the substance of the brain being uniformly permeated with an inflammatory exudation; but ruptures of small vessels, and bleeding into the softened part, often occur, causing dark red patches, from blood which has been extravasated at various times; streaks or stripes of a yellow and green color may also be met with, from the coagulation of the fibrin of the exudation; and finally, we may also find white spots, from an occasional piece of brain which has escaped disease. All these other shades are planted upon, or mixed with the more extensive paler reddening arising from

the infiltration of the cerebral tissue with the fluid part of the inflammatory exudation.—Rokitansky.

ATAXIC, CHRONIC, AND LATENT SOFTENING.

The ataxic form is characterized by extreme depression of the vital powers, either in consequence of previous disease, or from original weakness of constitution. The chronic form approaches gradually, and almost imperceptibly; it is most common in aged persons, and before the patient makes any complaint, the danger may be perceptible to others in his altered manner and failing intellect; the headache is seldom very severe or distressing, neither is the nausea or vomiting; but the faculties become clouded, the memory fails, the speech is slow, hesitating, and incongruous; familiar names cannot be uttered, nor familiar objects recognized. These premonitory symptoms may last for months; then follow more marked symptoms, such as difficulty of speaking, numbness, formication or pricking of the limbs, and especially of the fingers, partial loss of power and motion, as shown for instance in one leg dragging in walking, and in the inability to grasp objects firmly. *Contraction of the limbs* in these chronic cases is much more frequent than entire palsy, whereas the reverse holds good in acute Softening; still it may be absent in about one-fourth of the cases. Pains in the limbs and joints usually accompany these contractions, and they are generally much aggravated by motion, but not increased by pressure. There is commonly a partial, but scarcely ever a perfect loss of sensation in the paralyzed and flexed limbs. The face becomes partially distorted, and the features are devoid of expression; the memory is gradually lost, the ideas become confused, and all reasoning power disappears. The paralysis gradually extends; the power of retaining the contents of the bladder and rectum disappears; the limbs waste away, and yet the force with which they are flexed is almost incredible; and thus the patient sinks, utterly unconscious of his own pitiable condition. In some cases the flexure ceases, and the limbs relax shortly before death.—Day.

Such are the ordinary symptoms of *chronic* Softening; it may go on for years; while 11 cases of *acute* Softening terminated fatally in two days, 26 other cases before the fifth day, 43 cases before the ninth day, 7 cases between the ninth and twentieth days, and 9 more cases between the twentieth and thirtieth days.—Day.

In these cases, the pathological appearances may be either Red-softening, from chronic venous congestion and capillary hæmorrhage; or White-softening; yellow patches on the convolutions; or Yellow-softening, with more or less fatty degeneration. These different varieties of course call for quite different treatment.

According to Rokitansky, *Yellow-softening* is founded upon a chemico-pathological process. The yellow color is owing to the presence of a thin, yellow, acid fluid, containing a number of broken, extremely varicose, primary tubes, with their contents of swollen blood globules, very transparent fat globules of various sizes, and some yellow amorphous pigment. Fremy considers the brain to consist of Cerebric acid, either free, or combined with Soda and Phosphate of lime; of Oleophosphoric acid, both free and in combination with Soda; of Olein and Margarin; of small quantities of Oleic and Margaric acids; of Cholesterine, water, and of a substance resembling white of an egg, but composed of 7 parts of albumen, 5 parts of fatty matter, and 80 parts of water. The Oleophosphoric acid, which is usually yellow, is very variable in its composition and combination, and readily separates into Phosphoric acid and Olein from very slight causes. Rokitansky thinks that obstruction of the blood-vessels near the softened part, from deposit of atheroma, or impermeability of them from pressure, and the consequent impeding and interruption of the circulation in one portion of the brain, may cause a lower state of vitality there, somewhat similar to that which occurs in senile gangrene, and thus allow of the liberation of an acid or acids, viz., the phosphoric, and one or more of the fatty acids, which then play a more important part in the farther process of Yellow-softening. This conjecture is

somewhat supported by the very decided acid reaction of the fluid contained in the softened spot.

Another important phenomenon in Yellow-softening is the remarkable degree of swelling of the brain which Yellow-softening produces; softened spots, of the size of half a cubic inch, or of a nut, give rise to quite a disproportionate turgescence. From these facts it may readily be conjectured that the symptoms of Yellow-softening are severe and acute. Rokitansky says, that it appears to be always, and often rapidly fatal, still idiopathic Yellow-softening may last a longer time; but the secondary variety, that which forms around apoplectic clots or inflamed patches of the brain, often runs a rapid course. It corresponds more nearly to the so-called acute ataxic variety than any other.

Treatment.—Arsenicum, Secale, and Phosphor are homœopathic to that stage which resembles senile gangrene. If the presence of atheroma can be conjectured by the presence of peculiar hardness and inelasticity of the superficial arteries, then the remedies pointed out for Atheroma (see page 38,) will be brought in play. If the Softening be brought about by a violent tonic, tetanic spasm, or constriction of the blood-vessels, similar to the violent contraction of the muscles which is so characteristic a sign of Softening of the brain, then Nux, Ignatia, Angustura, or Conium, and Opium, may be useful. The excessive swelling of the softened part, and consequent pressure upon the healthy part of the brain, together with presence of an intensely acid fluid in the diseased part, may call for Kali-hydroidicum, Baryta, Kali-carb., or Phosphor.

White-softening of the brain.—According to Rokitansky, this consists in a loosening and subsequent maceration of the substance of the brain by an interstitial effusion of serum. Like œdema in general, it sometimes takes place without any inflammation; at other times it is unquestionably so far inflammatory, that a certain quantity of coagulable lymph, capable of assuming an elementary organization, is poured out with

the serum. Examples of it are furnished in the more or less acute forms of œdema which occur in the neighborhood of patches of inflammation, and more especially in the œdema which accompanies acute meningitic hydrocephalus, and destroy the tissue around the ventricles of the brain. In such cases of Softening, the characteristic products of inflammation may generally be discovered with the microscope in the diffluent portion of the brain.

This disease apparently approaches in its character the acute inflammatory, erysipelatous, or œdematous inflammation, similar to that which is so specifically caused by Arsenicum, Cantharides, Rhus, Euphorbium, Marsh Marigold, and other remedies.

TREATMENT OF SOFTENING OF THE BRAIN, AND PALSY.

As there is but little experience in the homœopathic school in the treatment of this disease, even in its more common form, and much less in all its varieties and complications, it will be well for us to ascertain what has been accomplished by other physicians; in how far their experience agrees with the rules of the homœopathic school; and how much remains for us and others to point out, *ab novo*, either theoretically or practically.

Arsenicum.—According to Rowland, this exerts a well-known beneficial influence in some nervous affections. For several years he has been in the habit of prescribing the *Liquor Arsenicalis* in palsy, and other conditions depending upon Softening of the brain. It is, he says, best suited to the chronic form, or, at least, to that in which all activity and excitement have ceased, and where the vital energy is deficient. In such cases, this remedy is frequently of much benefit, and appears to give renewed strength and firmness to the nervous system. It even seems to possess a curative power in this complaint; in several instances, I (Rowland) have observed permanent improvement follow its administration, and in two patients the cure was almost complete. Accord-

ing to Homœopathy, Arsenicum should prove curative against that variety of *white* Softening which arises from inflammatory œdema. Christison admits it to be homœopathic to "gorging of the vessels of the brain, effusion of serum into the ventricles, inflammation of the brain, and even extravasation of blood"; *i. e.*, both to the œdematous or white variety of Softening, and to the apoplectic, hæmorrhagic, or red Softening. Turgescence of the vessels, *i. e.*, congestive or red Softening, has been mentioned in several published cases; and Christison himself has met with it, and in one case found "gorging of the vessels of the brain, inflammatory adhesion of the dura mater to the membranes beneath, and *effusion of eight ounces of serum into the lateral ventricles.* In another case, Christison admits it homœopathic to the apoplectic variety, as the patient became apoplectic, and a recent clot of blood was found in the right anterior lobe.

We have also seen that *Palsy, and Contraction of the limbs*, are among the most common symptoms of Softening of the brain, yet Christison says that *Arsenicum* is homœopathic to Palsy, and Rowland, we have seen, asserts that it cures paralysis.

Christison says a common nervous affection to which Arsenicum is homœopathic is partial Palsy; paralysis in the form of incomplete paraplegia is very indicative of Arsenic, and incomplete paralysis of one or more of the extremities, resembling Lead-palsy, is often one of the last symptoms which continues. Dehaen relates a distinct example in which *Ars.* proved homœopathic to Palsy; cramps, tenderness and weakness of the feet, legs, and arms, increased gradually until the whole extremities became at length almost completely palsied; the power of motion returned first in the hands, and then in the arms. Christison says than an excellent account of a set of similar cases has been given by Dr. Murray of Aberdeen; in four cases, *Arsen.* proved homœopathic to great muscular debility; in two cases, to true partial Palsy; in one case, the power of the *left* arm was lost altogether, and six months after, he was unable to bend the arm at the elbow-joint; in another

case, it was homœopathic to great general debility, long-continued numbness, and pains in the legs.

In another case, *Ars.* was homœopathic to a dysenteric attack, followed by feebleness of the limbs, almost amounting to Palsy, attended with irritative fever, diarrhœa, and faintness, followed by great *stiffness*, numbness, and loss of power in the joints of the hands and feet. Another case, somewhat similar to the preceding, was observed by Mr. Lachese, of Angas, in which Arsenicum proved homœopathic to convulsions, followed by almost complete Palsy of the limbs. Christison also says, a well-marked case of the same nature was noticed by Professor Bernt; the paralytic affection consisted of loss of sensation, and of the power of motion in the hands, and of loss of motion in the feet, with *contraction* of the knee-joints. Dr. Falconer is also quoted as having frequently witnessed the homœopathicity of Arsenicum to local Palsy, and alludes to one case in which the hands only were paralyzed; also to two others, in which the Palsy spread gradually from the fingers upwards, until the whole arms were affected. On the whole, then, Christison admits, Arsenic is quite homœopathic to local Palsy, even to the most obstinate and intractable cases, as in the person of a cook, who had had perfect Palsy of the limbs for the greater part of a long life. Occasionally, Christison also asserts, it is homœopathic when the limbs are *rigidly bent, and cannot be extended.* It was homœopathic in another case, in which the limbs were *contracted* as well as palsied.

Nux-vomica.—The undoubted and even extraordinary homœopathicity of this drug to Softening of the brain has already been sufficiently alluded to on page 127.

Ferrum is recommended by Rowland, owing to the frequent alliance of Softening of the brain with anæmia, or fatty degeneration of the brain or other organs, in order to improve the condition of the blood by making it richer in fibrin and red particles; it certainly will not increase the quantity of fibrin, although it will aid in the production of the red coloring of the blood. In two cases of recent hemiplegia, in

old and debilitated patients, the symptoms gradually improved, Rowland says, under the use of Iron, until voluntary motion was restored. Several old paralytic patients, with mental infirmity, also improved in some degree, but the medicine subsequently lost its power; in some it was afterwards injurious, while others could not bear Iron in any form or dose. Some of these latter cases might have been benefited by Plumbum.

Plumbum.—The homœopathicity of this remedy has also been sufficiently dwelt upon, on page 116. As its action is almost diametrically opposite to that of Ferrum, it might be used with advantage in those cases which are aggravated by Ferrum without subsequent improvement.

Iodide of Baryta is recommended by Noack, and Agaricus deserves particular attention in the first stages of the disorder (see page 4). The effects of Agaricus there detailed are wonderfully similar to those of an adynamic condition of the brain, which may easily lead to Softening.

Opium.—Singularly enough, although Rowland is an allopathist, he says, that there are circumstances which not only warrant the administration of Opium, but considerable relief is derived from it; it even seems most appropriate to the cases where the brain is extensively disorganized, and sometimes stupor or coma may be warded off by a small dose of morphine, or a few grains of Dover's powder.

Symptomatic treatment.—According to Rowland, the most frequent affection of the intelligence in Softening of the brain, is feebleness of the intellectual faculties, slowness of apprehension, or imbecility; to these, Baryta and Conium are the most homœopathic remedies. Wild or noisy excitement, or delirium, is rarely observed, except in the first stage of acute Softening, especially of the convolutions; and even this is only transient, soon giving way to the torpor of the brain, which more properly belongs to the disease; in fact, the continuance of high delirious excitement would even warrant a pretty confident opinion that the structure of the brain is still sound—Bellad. and Stramonium will be most indicated. Attacks of

lethargy, somnolency, and coma form a most important and characteristic feature of Softening of the brain; it is very peculiar that these attacks are generally transient and frequently repeated; in chronic Softening, paroxysms of insensibility or coma may return at intervals for months or years, and it is remarkable that the intelligence in these patients undergoes less permanent injury than in that form in which the disease is not marked by such accessions of stupor; after the patient has been for some time previously in a state nearly approaching to imbecility, or somnolency, an attack of coma will frequently remove a great portion of the oppression, and be followed by a sense of relief and greater firmness in the exercise of the intellect, and in fact, at times the mind will become sufficiently buoyant to permit the patient to attend to his usual avocations. Another circumstance peculiar to Softening of the brain, is the abrupt manner in which consciousness is restored; at one hour the patient will be suffering under the symptoms of deep apoplexy, and at the next he may be found with his memory and judgment in a great measure regained, and even sitting up and conversing cheerfully.—Rowland. These attacks are not always owing to congestion of the brain, to spasm, or to the sudden supervention of acute disease; for in many instances the death-like pallor, the thready pulse, the suddenness and frequency of the attacks, and their rapid termination, rather point to sudden exhaustion, debility, or adynamia of the brain. Opium, Hyosc., and Agaricus are the most important homœopathic remedies.

Sometimes that species of imbecility which is manifested chiefly in the manner and actions, and on that account called by the French *deliré d'action*, accompanies Softening of the brain; the patients are occupied continually with some employment, often without motive, almost without consciousness, and are generally very restless and irritable; they dress and undress frequently, busy themselves in unmeaning preparations, and continually repeat the same act; finally, they become completely demented, the mind is hopelessly clouded, the expression vacant and idiotic, and the limbs become para-

lytic. Agaricus, Hyosciamus, Spigelia, Bellad., and Stramonium are much indicated, although Arsenicum is sometimes indispensably necessary, or *Plumbum.*

When the speech is very much affected, Hyosc. is the best remedy.

In the paralysis, Arsenicum, Nux, Plumbum, Secale, Staphysagria, and Acidum oxalicum deserve attention. It should be recollected, however, that Palsy from softening of the nervous centres sometimes subsides without treatment, especially when the attack has been sudden; it is hard to understand why a condition occasioned by a permanent lesion should be capable of spontaneous removal, but so it is.

When the lower limbs are paralyzed, I wish to call attention to Secale, and Acidum oxalicum. Secale acts so specifically upon the lower portion of the spinal marrow, and experience with it has been so frequent and beneficial, that its name need merely be mentioned to awaken that attention which it deserves. But the specific action of Acidum oxalicum is not so well known; in one case, CHRISTISON says it proved homœopathic to great lassitude and weakness of the limbs, and numbness and weakness in the back, so severe that the patient could scarcely walk up stairs; in another case, the first thing complained of was acute pain in the back, gradually extending down the thighs, occasioning great torture ere long; in a third case, the patient complained more of the pain shooting down from the loins to the limbs than of any other symptom. It is also homœopathic to general numbness approaching to Palsy; to headache, extreme feebleness of the pulse, and a sense of numbness, tingling, or pricking, especially in the back and thighs. In another case, it proved homœopathic to "a feeling as if the hands were dead, to loss of consciousness for eight hours, then to lividity, coldness, and almost complete loss of power of motion in the legs: the patient recovered in fifteen days."

The treatment of the stiffness, rigidity, and contraction of the limbs, so common in Softening of the brain, has already been alluded to (see Nux).

Convulsions and convulsive tremblings require Nux, Ignat., or Mercurius. .

The perversions of sensation, such as delusive feelings of heat and cold, or tingling or pricking sensations are most homœopathically treated by Aconit. rad. The same remedy will relieve the excessive sensitiveness of the skin and muscles of the paralyzed side, even when it is so great that the least touch causes exquisite suffering, although Agaricus should not be forgotten.

The headache is best treated by Glonoine.

Blindness of one or both eyes, or indistinctness of vision, or flashes of light, or black specks before the eyes, may be met by Bellad., Plumbum, Pulsatilla, or Phosphor; contraction of the pupils, if persistent, finds its homœopathic remedy in Opium or Nux; its antipathic antagonist in Bellad., Hyosc., or Stramonium.

When there is deafness or noises in the ear, *China* is indicated.

In the distressing nausea and vomiting which sometimes attend the acute form of the disease, Cuprum aceticum, or Zincum, may be thought of, in addition to the usual remedies.

When the respiration and pulse are slow, Opium, Plumbum, Aconite, and Digitalis should be thought of.

GENERAL REVIEW

OF THE

TREATMENT OF APOPLEXY, ETC.

---

1. ACONITUM NAPELLUS.

It may be used antipathically in full doses, when the face is flushed, skin hot, pulse full, strong and quick, pupils dilated, with severe pains, and great sensitiveness of the skin and nerves. Or, it may be used homœopathically in small doses, when the face is pale and sunken, skin cool, pulse weak and slow, pupils contracted, and much numbness and tingling are present.

2. ABSORBENTS.

A very important part of the treatment of hæmorrhagic Apoplexy, is that which has for its object, the safe and rapid absorption of the clot. Of course this should not be attempted too soon, or renewal of the bleeding might occur. Nitrate of Potash and the alkaline carbonates possess the power of dissolving fibrin and prevent its coagulation. Arnica, Baryta, Conium and Phosphor, also seem to possess the power of hastening absorption of the clot; while Nux-vomica, if used too freely, is apt to induce white Softening of the brain around the coagulum.

3. AGARICUS MUSCARIUS

Is homœopathic to enfeebled states of the brain, when the patient is giddy, weak, apt to tremble, and troubled with loss memory, and dimness of vision; when the patient's memory fails him, and he loses his way, does not recognize his friends, and is inclined to sleep. It may also prove homœopathic to Softening of the brain, and true hæmorrhagic Apoplexy. It

is homœopathic to bilious Apoplexy, with jaundice and enlargement of the liver; also to those cases which are preceded by unusual wakefulness, and excitement or irritation of the brain, especially when there is much twitching of the face and limbs, with dilatation of the pupils and glistening of the eyes.

4. ARNICA MONTANA

In traumatic Apoplexy, or that which occurs after blows and falls upon the head. In hæmorrhagic Apoplexy, to check the bleeding and promote the absorption of the clot; in serous Apoplexy, to aid the absorption of the watery fluid; in Apoplexy followed by paralysis, especially in the earlier stages, before more active remedies, such as Nux-vom., are admissible.

5. BARYTA

In torpid and chronic cases, to promote the absorption of the clot. Against tendency to Apoplexy from excitement of the sexual organs; in Apoplexy of the cerebellum, with much pain in the back of the head. In the Apoplexies of delicate, and old people.

6. BELLADONNA.

It may be given homœopathically in small doses, when the face is flushed and bloated, the carotids beating violently, eyes red, pupils widely dilated, pulse full, hard and strong, and slight convulsions are present. RÜCKERT says it has effected cures in aged patients, from 60 to 70 or 80 years old, of powerful, heavy and plethoric constitutions, i. e., in those with the true apoplectic habit; especially when there was unconsciousness, *swollen and red*, or else pale face; protruding and reddened eyes, with *dilatation* of the pupils; loss of sight, smell, and speech; presence of muttering and and stammering; *distortion* of the mouth; twitchings of the face; involuntary flow of spittle and fluids from the mouth; protrusion and swelling of the tongue; pulsation of the carotids; *difficulty* or inability to *swallow;* involuntary urination; grasping at the genitals; groaning and snoring; *obstructed respiration;* paralysis of the limbs, either of the right or left side; *fulness*, tension, quickening, or retard-

ation of the pulse; coma, or *sopor*. The most characteristic and important indications are printed in *italics*.—PETERS.

It may be used antipathically in full doses, in anæmic and atrophic states of the brain, when the face is pale, pupils contracted, head dizzy and weak (from insufficient supply of blood,) pulse slow and small, and urine scanty.

7. BLOOD-LETTING.

According to WATSON, this is required when the patient is plethoric, the pulse full, hard or thrilling, or else oppressed, large and slow; and if there are obvious external signs of great congestion to the head, such as great throbbing of the carotid and temporal arteries, turgid state of the veins of the face and scalp, great turgor or flushing of the face, or else a bloated and livid appearance of the same. If the patient's skin be pale and cold, his pulse feeble and flickering, bleeding will probably insure his death. RAU, who was second to none but HAHNEMANN in Homœopathy, also admits the propriety of occasional blood-letting.

7. COCCULUS

Is most homœopathic to gastric Apoplexy, when there is emptiness and hollowness of the head, dizziness, with great nausea and tendency to faint, falling asleep of the feet and hands, difficulty in speaking and thinking, &c.

9. CONIUM

Is most homœopathic to Apoplexy from pure and uncomplicated venous congestion, and congestive Apoplexy, when the face is bloated, purple or livid, the skin rather cool, pulse slow and feeble, pupils contracted, and the breathing extraordinarily difficult and oppressed. It will also aid in the absorption of the clot in hæmorrhagic Apoplexy, by arousing the activity of both the venous and lymphatic systems; and is decidedly homœopathic to the debility and paralysis which precedes, or follows Apoplexy.

CUPRUM

Is allied in its action to Nux, Plumbum, Cocculus, Ignatia;

it is homœopathic to Apoplexy when preceded by, or attended with convulsions, viz., in spasmodic and nervous Apoplexy; also in bilious Apoplexy. It may prove antipathic when the complexion of the patient is unusually white and clear; when there is a deficiency of bile, not only in the liver and bowels, but also in the whole system; and when paralysis is a predominant symptom.

FERRUM

Is apparently, although not absolutely allied in some of its actions, to Bellad., Glonoine, Opium and Phosphor; but it is more homœopathic to true arterial plethora and Apoplexy, than any of these remedies, except Glonoine and Phosphor. It is somewhat antagonistic in its action to that of Conium, Hydrocyanic Acid, and Plumbum. It is homœopathic to violent arterial congestion to the head, with powerful beating of the heart and arteries, great redness and heat of the face, heat of skin, severe head-ache, heat and fulness of the head, and dizziness, from rush of blood to the head. It is also homœopathic, both symptomatologically and pathologically, to hæmorrhagic Apoplexy, especially when there has been a feeling as if the brain had received a sudden shock, or had been rent asunder, soon followed by faintness and sense of sinking, owing to rupture of a blood-vessel and pouring out of blood in, or upon the brain.

It is antipathic to the Apoplexies of anæmic and debilitated persons; when the skin and lips are bloodless, the body thin and feeble, the extremities cold, the mind weak and the pulse feeble.

IPECAC

Is most suitable in gastric and nervous Apoplexy, especially when there is much nausea, and great asthmatic difficulty of breathing.

GLONOINE

Is most homœopathic to sudden and violent congestive Apoplexies. It may prove the most antipathic remedy to anæmia

and atrophy of the brain, when the patient is in imminent danger of dying from an enfeebled and bloodless condition, especially when sudden and alarming syncope sets in from great depression of the heart, arteries and brain; it may act almost as promptly as transfusion of blood.

HYOSCIAMUS

Is most homœopathic when there is a high state of nervous excitement, with more or less delirium and twitching of the muscles.

HYDROCYANIC ACID

Is most homœopathic to Apoplexy attended with extreme exhaustion and prostration.

IGNATIA

Is indicated under almost the same circumstances as those which require Nux.

NUX-VOMICA

Is most homœopathic in convulsive Apoplexy, when the limbs are in a state of permanent and rigid contraction, especially if the face be pale or livid, and the pupils *contracted.* It is allied in its action to some of the effects of Arnica, Cocculus, Cuprum, and Ignatia; it is somewhat antagonistic to Belladonna, but especially to Opium, Conium, Plumbum, and Hydrocyanic Acid.

OPIUM.

According to Rückert, it is most indicated when there is congestion to, with violent roaring in the head; loss of consciousness; or excitement with laughing, and confused, erroneous talking; restlessness; redness of the face and eyes; contracted pupils; grasping at the head; drawing of the tongue to one side; difficulty of speaking and swallowing; groaning and anxious respiration; coldness and paralysis of the limbs; softness, fulness, or weakness of the pulse; and coma.

PHOSPHOR

Is homœopathic to the most active and sthenic cases of Apoplexy, with much arterial, congestive and febrile excitement. It is antipathic to the Apoplexies of debilitated persons, when the exhaustion has almost reached its extreme degree, the pulse being small, sunken, rapid and soft, the limbs cold; when hiccough has set in, with rattling respiration, and cold and clammy sweat.

STYPTICS.

Among the remedies treated of in this book, which may be used as styptics, Plumbum Aceticum, Opium, and Ferrum deserve particular attention; Arnica and Ipecac may also come in play.

TABULAR REVIEW.

BY RÜCKERT.

	Acon.	*Arn.*	*Baryta.*	*Bell.*	*Cocculus.*	*Cuprum.*	*Ipec.*	*Hyosc.*	*Nux.*	*Opium.*
Chewing and gritting of the teeth,	..	..	..	..	..	..	..	..	..	..
Coma, (deep sleep),	..	..	Bar.	Bell.	..	..	..	..	..	..
Consciousness, loss of,	Acon.	Arn.	..	Bell.	Cocc.	Cupr.	..	..	..	..
" undisturbed,	..	..	..	Bell.	Cocc.	..	..	..	Nux.	Op.
Difficulty of speaking,	..	Arn.	..	Bell.	..	..	..	..	..	..
" swallowing,	..	..	..	Bell.	..	Cupr.	Ipec.	..	Nux.	..
Distortion of the mouth,	..	..	..	Bell.	..	..	..	Hyosc.	Nux.	Op.
Eyes, dim and fixed,	..	..	..	..	..	Cupr.	..	..	..	Op.
" congested with blood,	..	..	..	..	..	..	..	..	Nux.	Op.
" squinting,	..	..	..	Bell.	..	..	..	..	..	..
" rolling of,	..	..	..	Bell.	..	..	..	..	..	..
Face, corpse-like and pale,	Acon.	..	..	..	Cocc.	..	..	..	..	..
" red and swoollen,	..	Arn.	..	Bell.	..	..	..	..	..	..
Forgetfulness,	..	Arn.	Bar.	Bell.	Cocc.	..	..	Hyosc.	..	Op.
Groaning and gurgling in sleep,	..	..	..	..	..	..	..	..	..	..
Head, heat of,	..	..	..	Bell.	..	..	..	..	..	..
" grasping at,	Acon.	..	..	..	..	..	..	..	..	..
" roaring in, and in ears,	..	..	..	..	..	..	..	..	Nux.	Op.
Heart-beats, slow and trembling,	..	..	..	..	..	..	..	..	..	..
Jaw, dropped,	Acon.	..	..	..	..	..	..	..	..	..
" locked, with spasms of face,	..	Arn.	..	Bell.	..	..	..	..	Nux.	..
Limbs cold and stiff,	..	..	..	..	..	..	..	..	..	..
Lying as if dead,	Acon.	..	..	..	..	Cupr.	..	..	..	..
Mucus, thick in and about mouth,	..	Arn.	..	Bell.	..	..	..	..	Nux.	..
Muttering and mumbling,	..	..	..	..	..	..	..	..	..	Op.
Paralysis of sensation on right side	..	..	..	..	..	..	..	..	..	..
Paralysis of bladder,	..	..	..	..	..	..	..	..	..	..
" of the limbs,	Acon.	..	..	Bell.	..	..	..	..	..	..
" of the left side,	..	..	..	..	..	..	..	Hyosc.	Nux.	..
" of the right side,	..	Arn.	..	..	..	Cupr.	Ipec.	..	Nux.	..
Pulsation of the carotids,	..	Arn.	..	Bell.	..	..	..	..	..	Op.
Pulse, full,	Acon.	..	..	Bell.	Cocc.	..	..	..	..	..
" hard,	Acon.	Arn.	..	Bell.	Cocc.	..	..	Hyosc.	Nux.	Op.
" intermitting,	Acon.	..	..	..	Cocc.	..	..	..	..	..
" not intermitting,	..	Arn.	..	..	..	..	..	..	..	..
" not to be felt,	Acon.	..	..	..	..	..	..	..	..	..
" quick,	Acon.	..	..	..	..	..	..	..	..	Phos.
" slow,	..	..	..	..	..	..	..	Hyosc.	..	..
" tense,	..	..	..	Bell.	..	..	..	..	Nux.	..
" weak,	..	..	..	Bell.	..	..	..	..	..	..
Pupils contracted,	..	..	Baryt.	..	..	..	..	..	..	..
" insensible and dilated,	Acon.	..	..	..	..	..	..	..	Nux.	..
Respiration infrequent,	..	..	..	..	..	..	..	..	..	..
" rattling,	Acon.	..	..	Bell.	Cocc.	..	..	..	Nux.	Op.
" deep,	Acon.	..	..	Bell.	..	..	..	..	..	..
" short,	..	..	..	Bell.	..	..	..	..	..	..
" scarcely perceptible,	..	..	..	..	Cocc.	..	..	..	..	..
Skin warm,	..	..	..	..	Cocc.	..	..	..	..	Phos.
Salivation,	Acon.	..	..	..	..	..	..	..	..	..
Tongue paralyzed and drawn to one side,	..	..	..	Bell.	..	..	Ipec.	..	Nux.	..
	..	..	..	..	..	Cupr.	..	..	..	Op.

INDEX.

A.

PAGE

Apoplexy, Introduction to, . 1 to 4
" Premonitions of, . 5 to 7
" Prevention of, . . 7 to 13
" True or typical, . 14 to 19
" Simple or congestive, . . . 19 to 25
" Hæmorrhagic, . 25 to 39
" of Optic Thalami, 32
" of Medulla Oblongata, 32
" of Pons Variola, 33
" of Crus Cerebri, 33
" of White Substance of Brain, ... 33
" of Cerebellum, . . 33
" of Ventricles of Brain, 34
" from Aneurism, . . 34
" from disease of the Arteries, . . . 35
" of the Meninges, 35
" Sub-arachnoid, . . 36
" Intra-arachnoid, . 36
" Febrile and Inflammatory, . . 39 to 40
" Serous, ... 40 to 42
" Nervous, . . . 42 to 44
" from Disease of the Heart, . . . 45
" Bilious, . . . 47
" from Derangement of Stomach, . . 48
" Infantile, . . . 51
" Result of Old School treatment, . . 4 & 107
" Result of Homœopathic treatment, 4
" Secondary effects of, . 53
Atheroma, nature of, . . . 37

PAGE

" Treatment of, . 39
Aconite, ... 57 to 73
" Cases treated with, Nos. 1 to 9, . . . 69 to 73
Doses of, ... 73
Agaricus, ... 74 to 76
" Doses of, . . . 76
Arnica, ... 76 to 81
" Cases treated with, Nos. 10 to 13, . 79 to 80
" Doses of, . . . 81
Atrophy of the Brain, . . . 29
" " " from lead, 116

B.

Baryta, ... 81 to 85
" Cases treated with, Nos. 14 to 16, . . 84
" Doses, ... 85
Belladonna, ... 85 to 103
" Cases treated with, Nos. 18 to 34, 94 to 103
" Doses of, . . . 103
Bloodletting, ... 103 to 108
" Results of, . 106 to 107

C.

Cocculus, ... 108 to 111
" Cases treated with, Nos. 35 to 37, 110
" Doses of, ... 111
Conium Maculatum, . . . 111 to 114
" " Doses of, 114
Crotalus, ... 114
" Case treated with, 114
Cuprum and *Plumbum*, . 114 to 117
" " Doses of, 117

PAGE

F.

Ferrum, ... 18

G.

General Review, . . . 156 to 161
Glonoine, ... 117 to 121
" Cases treated with, Nos. 40 to 50, 119 to 121
" Doses of, . . . 121

H.

Hyosciamus, ... 121 to 124
" Case treated with, No. 51, . . 123
Hydrocyanic acid, . . . 124

I.

Ignatia, ... 125
" Case treated with, No. 52, . . . 125
Ipecac., ... 117

N.

Nux vomica, ... 125 to 135
" " Cases treated with, Nos. 53 to 66, 128 to 135
Doses of, . . 135

PAGE

O.

Opium, ... 23, & 135 to 138
" Cases treated with, Nos. 67, 68, and 71 to 76, ... 13 to 140

P.

Plethora, ... 15 to 19
Phosphor., ... 138 to 140
" Cases treated with, Nos. 69 & 70, 138

S.

Softening of the Brain, . 141 to 161
" Inflammatory, 143
" Chronic, etc., . 146
" Yellow, . . 147
" Red, ... 145
" White, . . . 148
" Treatment of, . 149
" Arsenicum in, 149
" Nux in, . . . 127 & 151
" Ferrum in, . 151
" Plumbum in, . 152
" Iodide of Baryta in, 152
" Agaricus in, . 152
" Opium in, . . 152
" Symptomatic treatment of, . . 152 to 155
Styptics, ... 26 & 161

William Radde, Publisher, 322 Broadway, New York.

BOOKS BY THE SAME AUTHOR.

ROKYTANSKY'S PATHOLOGICAL ANATOMY; Translated from the German with additions on Diagnosis, from Schönlein, Skoda, and others, by Dr. JOHN C. PETERS. 75 cents.

Opinions of the Press.—"Dr. Rokytansky's book is no more than it professes to be: it is morbid Anatomy in its densest and most compact form, scarcely ever alleviated by histories, cases, or hypotheses. It is just such a work as might be expected from its author, who is said to have written in it the result of his experience gained in the careful examination of over 12,000 bodies, and who is possessed of a truly marvellous power of observing and amassing facts. In the course of our analysis we have said comparatively little of its merits, the best evidence of which is found in the length to which our abstracts have been carried without passing beyond the bounds of what is novel or important. Nor would this fault have been committed though much more had been borrowed, for no modern volume on morbid Anatomy contains half so many genuine facts as this; it is alone sufficient to place its author in the highest rank of European medical observers."—*British and Foreign Medical Review.*

Just Published:

RUECKERT, TH. J., A TREATISE ON HEADACHES; including acute, chronic, nervous, gastric, dyspeptic, or sick headaches; also congestive, rheumatic, and periodical headaches. Based on clinical experience in Homœopathy. With Introduction, Appendix, Synopsis, Notes, Directions for Doses, and fifty additional cases, by JOHN C. PETERS, M. D. 1853. Bound. 75 cents.

RUECKERT ON APOPLEXY AND PALSY. Successful Homœopathic Cures, collected from the best homœopathic periodicals. Translated and edited by J. C. PETERS, M. D. With full descriptions of the dose to each single case. 1853.

Preparing for Press:

RUECKERT ON DISEASES OF THE EYE AND EAR. Successful Homœopathic Cures, collected from the best homœopathic periodicals. Translated and edited by J. C. PETERS, M. D. With full descriptions of the dose to each single case. 1853.

RUECKERT ON DISEASES OF THE STOMACH. Successful Homœopathic Cures, collected from the best homœopathic periodicals. Translated and edited by J. C. PETERS, M. D. With full descriptions of the dose to each single case. 1853.

RUECKERT ON INFLAMMATION AND DROPSY OF THE BRAIN. Successful Homœopathic Cures, collected from the best homœopathic periodicals. Translated and edited by J. C. PETERS, M. D. With full descriptions of the dose to each single case. 1853.

RUECKERT ON NERVOUS DISEASES AND MENTAL DERANGEMENTS. Successful Homœopathic Cures, collected from the best homœopathic periodicals. Translated and edited by J. C. PETERS, M. D. With full descriptions of the dose to each single case. 1853.

In Press:

DISEASES OF FEMALES, by Dr. Leadam; with a Treatise on OBSTETRICS, by Dr. Croserio. Translated and edited by J. C. PETERS, M.D. 1853.

HOMŒOPATHIC MEDICINES.

WM. RADDE, 322 Broadway, New York, respectfully informs the Homœopathic Physicians, and the friends of the System, that he is the sole Agent for the Leipzig Central Homœopathic Pharmacy, and that he has always on hand a good assortment of the best Homœopathic Medicines, in complete sets or by single vials, in *Tinctures*, *Dilutions* and *Triturations;* also, *Pocket Cases of Medicines; Physicians' and Family Medicine Chests to Laurie's Domestic* (60 to 82 Remedies) —EPP'S (60 Remedies)—HERING'S (60 Remedies to 102).—*Small Pocket Cases* at $3, with Family Guide and 27 Remedies.—*Cases* containing 415 vials, with Tinctures and Triturations for Physicians.—*Cases* with 260 Vials of Tinctures and Triturations to Jahr's New Manual, or Symptomen-Codex.—Physicians' *Pocket Cases*, with 60 Vials of Tinctures and Triturations.—*Cases* from 200 to 300 Vials, with low and high dilutions of medicated pellets.—*Cases* from 50 to 80 Vials of low and high dilutions, &c., &c. Homœopathic Chocolate. Refined Sugar of Milk, pure Globules, &c. *Arnica Tincture*, the best specific remedy for bruises, sprains, wounds, &c. *Arnica Plaster*, the best application for *Corns. Urtica urens* and Dr. Reisig's *Homœopathic Pain Extractor* are the best specific remedies for *Burns*. Also, Books, Pamphlets, and Standard Works on the System, in the English, French, and German languages.

HOMŒOPATHIC BOOKS.

JAHR'S NEW MANUAL OF HOMŒOPATHIC PRACTICE; edited, with Annotations, by A. Gerald Hull, M. D. From the last Paris edition. This is the fourth American edition of a very celebrated work, written in French by the eminent Homœopathic Professor Jahr, and it is considered the best practical compendium of this extraordinary science that has yet been composed. After a very judicious and instructive introduction, the work presents a Table of the Homœopathic Medicines, with their names in Latin, English and German; the order in which they are to be studied, with their most important distinctions, and clinical illustrations of their symptoms and effects upon the various organs and functions of the human system. The second volume embraces an elaborate Analysis of the indications in disease, of the medicines adapted to cure, and a Glossary of the technics used in the work, arranged so luminously as to form an admirable guide to every medical student. The whole system is here displayed with a modesty of pretension, and a scrupulosity in statement, well calculated to bespeak candid investigation. This laborious work is indispensable to the students and practitioners of Homœopathy, and highly interesting to medical and scientific men of all classes. Complete Symptomatology and Repertory, 2 vols. bound, $6.

JAHR'S NEW MANUAL: originally published under the name of SYMPTOMEN-CODEX. (Digest of Symptoms.) This work is intended to facilitate a comparison of the parallel symptoms of the various Homœopathic agents, thereby enabling the practitioner to discover the characteristic symptoms of each drug, and to determine with ease and correctness what remedy is most Homœopathic to the existing group of symptoms. Translated with important and extensive additions from various sources, by Charles Julius Hempel, M. D., assisted by James M. Quin, M. D., with revisions and clinical notes by John F. Gray, M. D.; contributions by Drs. A. Gerald Hull, George W. Cook, and Dr. B. F. Joslin of New-York; and Drs. C. Hering, J. Jeanes, C. Neidhard, W. Williamson, and J. Kitchen, of Philadelphia; with a Preface by Constantine Hering, M. D., 2 vols., bound $11

Just Published, the Third Volume of JAHR'S NEW MANUAL; *or the largest*

REPERTORY OF THE HOMŒOPATHIC MATERIA MEDICA; By Dr Ch. Hempel. This is the most important and complete work ever published, and *indispensable* for every physician. 1853. Price $6.

LAURIE, Dr. J., HOMŒOPATHIC DOMESTIC MEDICINE, with the Treatment and Diseases of Females, Infants, Children and Adults. 7th American dition, much enlarged, with many additions, and the dose most exactly directed to every medicine. 1852. By A. Gerald Hull, M. D. $1 50.

LAURIE, Dr. J., ELEMENTS OF HOMŒOPATHIC PRACTICE OF PHYSIC. An Appendix to Laurie's Domestic, containing also all the Diseases of THE URINARY AND GENITAL ORGANS. Bound, $1 25.

F. HUMPHREYS, M. D., The Cholera and its Homœopathic Treatment. 38 cts.

B. F. JOSLIN, M. D., Homœopathic Treatment of Diarrhœa, Dysentery, Cholera Morbus and Cholera, with Repertories. 50 cts.

C. HERING'S DOMESTIC PHYSICIAN. Fourth American edition, revised, with additions from the author's manuscript of the 7th German edition. Containing the diseases of Females and Children. $2.

Dr. CASPARI'S HOMŒOPATHIC DOMESTIC PHYSICIAN, edited by F Hartmann, M. D., author of "The Acute and Chronic Diseases." Translated from the eighth German edition, and enriched by a Treatise on Anatomy and Physiology, embellished with 30 illustrations. By W. P. Esrey, M. D., with Additions and a Preface, by C. Hering, M. D., containing also a chapter on Mesmerism and Magnetism; directions for patients living some distance from a Homœopathic physician, to describe their symptoms; a Tabular Index of the Medicines and the Diseases in which they are used; and a Sketch of the Biography of Dr. Samuel Hahnemann, the Founder of Homœopathy. Bound, $1 50.

HOMŒOPATHIC COOKERY. Second edition, with additions, by the lady of an American Homœopathic Physician. Designed chiefly for the use of such persons as are under Homœopathic treatment. 50 cents

JOSLIN, B. F., M. D., PRINCIPLES OF HOMŒOPATHIA. In a series of Lectures. Bound, 75 cts.

AN EPITOME OF HOMŒOPATHIC PRACTICE. Compiled chiefly from Jahr, Rückert, Beauvais, Bönninghausen, &c. By J. T. Curtis, M. D., and J. Lillie, M. D. Second enlarged edition. Bound, 50 cts.

LAURIE'S HOMŒOPATHIC DOMESTIC, by A. Gerald Hull, M. D. Small edition, bound, 50 cts.

ED. C. CHEPMELL'S DOMESTIC HOMŒOPATHY, Restricted to its Legitimate Sphere of Practice, together with Rules for Diet and Regimen. First American edition, with Additions by Samuel B. Barlow, M. D. Bound, 50 cts.

HEMPEL'S HOMŒOPATHIC DOMESTIC PHYSICIAN. Bound, 50 cts.

BŒNNINGHAUSEN'S Essay on the Homœopathic Treatment of Intermittent Fevers. Translated and edited by C. J. Hempel, M. D. 38 cts.

EPP'S, Dr. J., DOMESTIC HOMŒOPATHY; or, Rules for the Domestic Treatment of the Maladies of Infants, Children and Adults, &c. Fourth American from the fourth London edition. Edited and enlarged by George W. Cook, M. D. Bound, 75 cts.

THE FAMILY GUIDE TO THE ADMINISTRATION OF HOMŒOPATHIC REMEDIES. 5th edition after the 3d London edition, by H. V Malan, M. D.; with additions. 1852. Price 25 cts.

POCKET HOMŒOPATHIST, AND FAMILY GUIDE. By J. A. Tarbell, M. D. Bound 25 cts.

JAHR, G. H. G., M. D., Short Elementary Treatise upon Homœopathia, and the Manner of its Practice; with some of the most important effects of ten of the principal Homœopathic Remedies, for the use of all honest men who desire to convince themselves by experiment of the truth of the doctrine. Second French edition, corrected and enlarged. Translated by Edward Bayard, M. D. Bound, 38 cts.

SHERRIL'S MANUAL OF HOMŒOPATHIC PRESCRIPTION, with an improved Repertory; also an introduction in which the doctrine and nature of the Homœopathic system is explained. 25 cts.

MARINER'S PHYSICIAN AND SURGEON; or a Guide to the Homœopathic Treatment of those diseases to which Seamen are liable. By George W. Cook, M. D. Bound, 38 cts.

J. A. TARBELL, M. D. Sources of Health and Prevention of Disease. 50 cts.

A TREATISE ON THE USE OF ARNICA, in cases of Contusions, Wounds, Sprains, Lacerations of the Solids, Concussions, Paralysis, Rheumatism, Soreness of the Nipples, &c., &c., with a number of cases illustrative of the use of that drug. By Charles Julius Hempel, M. D. 19 cts.

DISEASES OF FEMALES AND CHILDREN. By Walter Williamson, M. D., Professor af Materia Medica, &c., in the Homœopathic Medical College at Philadelphia. Bound, 38 cts.

BECKER, M. D., on Consumption. Translated from the German. 38 cts.

——— on Diseases of the Eye. Translated from the German. 38 cts.

——— on Constipation. Translated from the German. 38 cts.

——— on Dentition. Translated from the German. 38 cts.

——— on Consumption, Diseases of the Eye, Constipation, and Dentition, (containing all four of the above works), bound in one vol. $1.

WM. HENDERSON, M. D., HOMŒOPATHIC PRACTICE. 50 cts.

FORBES, M. D., HOMŒOPATHY, ALLOPATHY, AND YOUNG PHYSIC. 25 cts.

WM. HENDERSON, M. D., LETTER TO J. FORBES. 25 cts.

☞ The above three works bound in 1 vol. $1.

HAHNEMANN'S ORGANON OF HOMŒOPATHIC MEDICINE. 3d American edition, with improvements and additions from the last German edition, and Dr. C. Hering's Introductory Remarks. Bound, $1.

HAHNEMANN'S MATERIA MEDICA PURA. Translated by C. J. Hempel, M. D. 4 vols. $6.

E. STAPF'S ADDITIONS to the Materia Medica Pura. Translated by C. J. Hempel, M. D. $1 50.

HAHNEMANN'S CHRONIC DISEASES, their Specific Nature aud Homœopathic Treatment. Translated and edited by Charles J. Hempel, M. D., with a Preface by Constantine Hering, M. D. 8vo. 5 vols. Bound. $7.

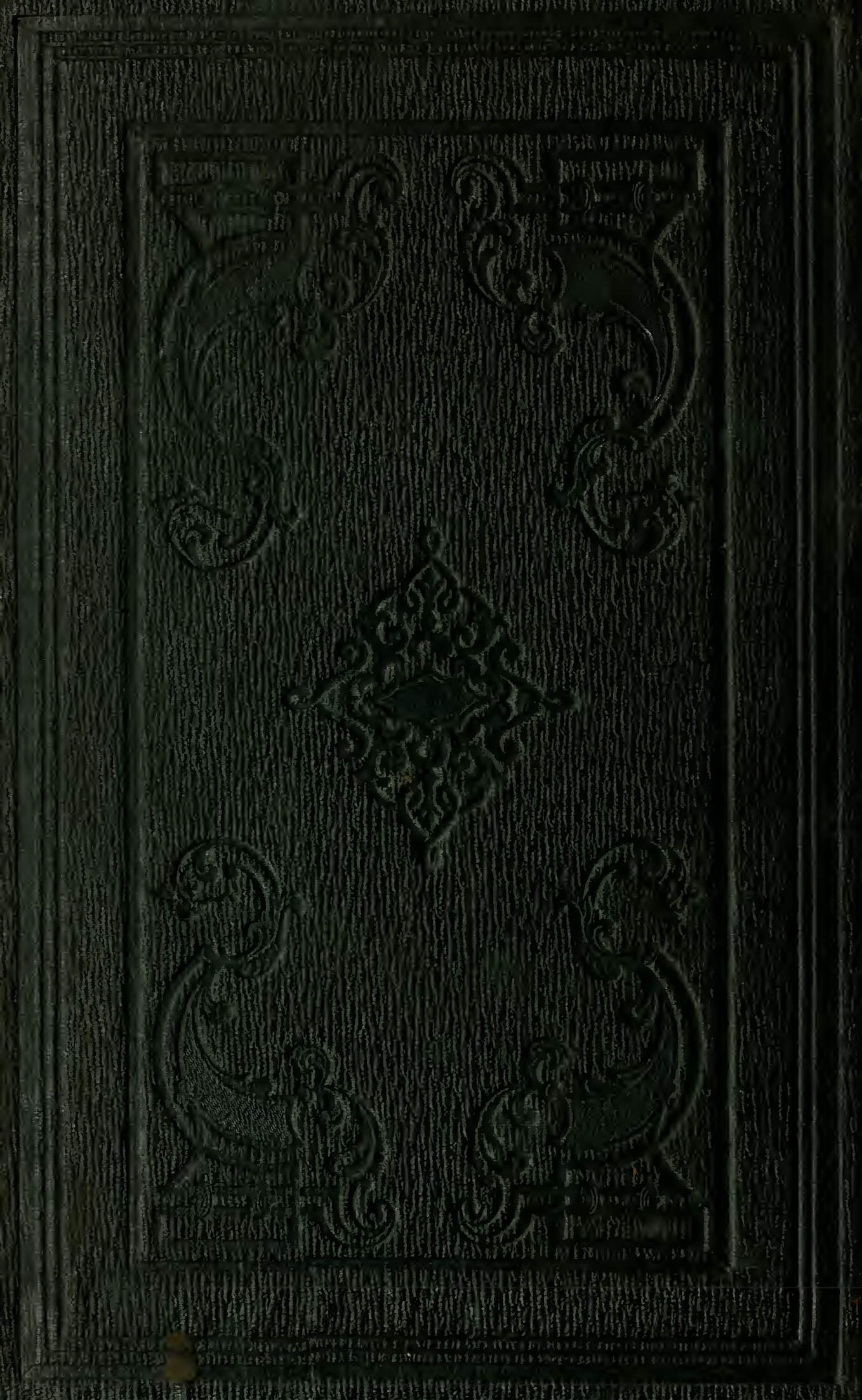
HAHNEMANN'S LESSER WRITINGS, Collected and Translated by R. E. Dudgeon, M. D., with additions by E. E. Marcy, M. D., author of "The Homœopathic Theory and Practice of Medicine," and Editor of the North American Homœopathic Journal." A large 8vo. volume, with a fine steel engraving of S. Hahnemann. 1852. Bound. $3.

☞ The above *five standard* works of Dr. SAMUEL HAHNEMANN are and will FOR EVER be the greatest treasures of Homœopathy; they are the most necessary books for Physicians, and they should grace the library of every lover of science.

Just Published:

LAURIE'S ELEMENTS OF HOMŒOPATHIC PRACTICE OF PHYSIC, by Dr. J. Laurie, with additions by A. G. Hull, M. D., and an Appendix on Intermittent Fevers, by Dr. F. S. Douglas. A large thick 8vo. vol. 1853. $3.

JAHR'S and POSSART'S New Manual of the Homœopathic Materia Medica, containing the characteristic, pathogenetic and curative symptoms of all the principal remedies used in Homœopathic practice; with a Repertory, indicating the remedies which should be used in every single case. Translated and edited by Charles J. Hempel, M. D. 1853. Bound, $4.

MADDEN, HENRY R., M. D., UTERINE DISEASES, with an Appendix containing abstracts of 180 Cases of Uterine Diseases and their treatment, together with Analytical Tables of Results, Ages, Symptoms, Dose, &c., to which is added a Clinical Record of interesting cases treated in the Manchester Homœopathic Hospital. 1852. 50 cts.

RX301
A7
853P